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**BENEFIT SERVICES DIVISION  
TELEPHONE DIRECTORY**

<b>CalPERS Employer Contact Center.....</b>	<b>(888) CalPERS (225-7377)</b>
Fax Number.....	(916) 795-3934
General Information (TDD Only).....	(916) 795-3240

## BENEFICIARY DESIGNATION FORM PERS-BSD-241 (PRIOR TO RETIREMENT)

### PURPOSE

#### I. The purpose of the BSD-241, "Beneficiary Designation" (CalPERS) is to:

1. Provide a means for a member who is not retirement eligible and who is not eligible for the Alternate Death Benefit to designate beneficiaries *other than the statutory beneficiaries provided by the retirement law*. The statutory beneficiaries are listed under item C on the front of the BSD-241.
2. Provide a means for a member who is married or in a registered domestic partner and is either eligible to retire (age 50 or over with a minimum of five years of service credit for a First-Tier member, or age 55 or over with a minimum of ten years of service credit for Second-Tier member) or who is eligible for the Alternate Death Benefit (under age 50 for First-Tier member or under age 55 for a Second-Tier member, with 20 or more years of service) to designate beneficiaries to receive a one-time payment of the member's community property share. The spouse/registered domestic partner, by law, is still entitled to a choice of a monthly allowance or lump sum benefit. However, the amount is limited to just their community property share if the member designates other beneficiaries on this form.
3. Change the designated beneficiaries.
4. Designate any person or legal entity such as a college, university, corporation, trust, or estate as beneficiary.

*One of the following life events will revoke the BSD-241:*

*a. Marriage/Registration of Domestic Partnership.*

*b. Dissolution or annulment of marriage, or termination of domestic partnership. (However, a designation filed after the initiation of a dissolution). Annulment of marriage or termination of partnership is NOT revoked when the legal action is finalized).*

*c. Birth or adoption of a child.*

*d. Termination of employment which results in a refund of contributions.*

NOTE: Following a revoking action, the statutory beneficiaries then become the designated beneficiaries unless a new Beneficiary Designation Form (BSD-241) has been filed. The order of statutory beneficiaries is listed in item C on the front of the PERS-BSD-241.

### SPECIAL INSTRUCTIONS

1. Changes on the form are acceptable only when they are clear and initialed by the member.
2. Complete the Beneficiary Designation form, make a copy for your records, then mail to CalPERS. It may be faxed to (916) 795-3933.
3. After CalPERS reviews the form, a confirmation letter will be mailed to the member within about 6 weeks. If the form is not acceptable, a new form will be mailed to the member.

NOTE: The Beneficiary Designation form allows a member to designate benefits on a percentage basis if more than one beneficiary is named. The percentages must add up to 100%. If no percentage is indicated, the benefits will be paid equally to each beneficiary.

Also there is a box the member can check to certify they are not legally married or not in a domestic partnership. If this box is checked, the "Justification for Absence of Spouse or registered Domestic Partner's Signature" form is not required.

## INSTRUCTIONS TO COMPLETE THE PERS-BSD-241

### MEMBER INFORMATION

ITEM	INSTRUCTIONS
Member Name	Print or type the member's name: First name, middle, last.
Current Employer	Enter agency's name.
Social Security Number	Enter the member's Social Security Number.
Birthdate	Enter the member's birthdate: Month, Day Year.
Telephone Number	Enter the member's telephone number: area code and 7-digit number.

### PRIMARY BENEFICIARIES

ITEM	INSTRUCTIONS
First Name, Middle Name, Last Name	Enter the name of the designated beneficiaries
%	Optional. Enter a percentage if you wish to provide unequal amounts to multiple beneficiaries (i.e. 75% to one person and 25% to the other). The total percentages must equal 100%.
Relationship to Member	Enter the beneficiary's relationship to the member; i.e., uncle, cousin, brother, friend, charity, etc.
Social Security Number	Enter beneficiary's Social Security number.
Address (Number and Street)	Enter the beneficiary's address.
City, State, and Zip Code	Enter the beneficiary's city and state of residence. Be sure to include zip code

### SECONDARY BENEFICIARIES

ITEM	INSTRUCTIONS
Secondary Beneficiaries	<p>A member may name one or more second beneficiary(ies) in this block. The beneficiary(ies) listed here would receive the death benefits in the event the member survives the beneficiary(ies) named as the primary beneficiary.</p> <p>If a member wishes to name more beneficiaries than space allows, attach a separate piece of paper to the form. The attachment must clearly state that it is a continuation of the Primary or Secondary Beneficiaries. It must list the names, relationships, Social Security numbers and addresses of the beneficiaries. The member must sign and date the attachment. <b>Write the member's name and Social Security Number on the top of the attached paper.</b></p>

## INSTRUCTIONS TO COMPLETE THE PERS-BSD-241

### SIGNATURE

ITEM	INSTRUCTIONS
Member Signature	Have member sign their name
Date	Enter the date the member completed this form
Certification	Check this box if there is no spouse's/Domestic Partner's signature because the member is not legally married or does not have a registered domestic partner. If this box is checked, the PERS-BSD-800 is NOT required.
Signature of Spouse/Domestic Partner	Have the member's spouse sign his/her full name. If there is no signature in this block, the attached PERS-BSD-800 must be completed by the member.

NOTE: To properly designate a trust as a primary beneficiary the following information **MUST** be provided:

The name of the trust, date of trust, and name and address of the person with whom the trust is on file. It is suggested that the following wording be used to name a trust as beneficiary: "The trustee of the \_\_\_\_\_ Trust". This suggestion must not be construed as legal advice.

NOTE: The designation will **NOT** be accepted without the spouse's/domestic partner's signature unless either the certification box is checked or a PERS-BSD-800A form is received with the PERS-BSD-241.



**BENEFICIARY DESIGNATION**  
PERS-BSD-241 (Revised 12/04)

**TO: CalPERS/ Benefit Services Division**  
P.O. Box 942711  
Sacramento, CA 94228-2711  
Fax: (916) 796-3933  
Phone: (888) CalPERS (226-7377)

MEMBER'S FULL NAME (PLEASE PRINT)	SOCIAL SECURITY NUMBER	BIRTH DATE	TELEPHONE NUMBER

I understand that if I am married or in a registered domestic partnership but do not name my spouse or domestic partner as beneficiary, she/he may still be entitled to a community property share of my 'Lump Sum Contributions' or a share of any monthly allowance that may be payable. My 'Non-Spouse or Non-Partner' designated beneficiaries will receive the portion of my lump sum benefits, which are not payable to my spouse or domestic partner as his/her community property share. I further understand that if my death is determined to be "Industrial," special death benefits will be paid in the manner prescribed by law. If no percentage (%) is given, the applicable benefits will be paid SHARE AND SHARE ALIKE.

**PRIMARY BENEFICIARIES**

FIRST NAME	MIDDLE NAME	LAST NAME	%	RELATIONSHIP TO MEMBER	SOCIAL SECURITY NUMBER
ADDRESS (Number and Street)		(City)	(State)	(Zip Code)	
FIRST NAME	MIDDLE NAME	LAST NAME	%	RELATIONSHIP TO MEMBER	SOCIAL SECURITY NUMBER
ADDRESS (Number and Street)		(City)	(State)	(Zip Code)	
FIRST NAME	MIDDLE NAME	LAST NAME	%	RELATIONSHIP TO MEMBER	SOCIAL SECURITY NUMBER
ADDRESS (Number and Street)		(City)	(State)	(Zip Code)	

In the event that I survive the person(s) named above, I hereby designate the following person(s) who survive me, as BENEFICIARIES. If no percentage (%) is given, benefits will be paid SHARE AND SHARE ALIKE.

**SECONDARY BENEFICIARIES**

FIRST NAME	MIDDLE NAME	LAST NAME	%	RELATIONSHIP TO MEMBER	SOCIAL SECURITY NUMBER
ADDRESS (Number and Street)		(City)	(State)	(Zip Code)	
FIRST NAME	MIDDLE NAME	LAST NAME	%	RELATIONSHIP TO MEMBER	SOCIAL SECURITY NUMBER
ADDRESS (Number and Street)		(City)	(State)	(Zip Code)	

Should I survive all of the persons named above, I understand that the benefits payable on account of my death will be paid to my statutory beneficiaries, or to such other beneficiary or beneficiaries that I may hereafter designate in writing to the Board of Administration, all in accordance with the applicable provisions of law.

BY THIS BENEFICIARY DESIGNATION, I HEREBY REVOKE ANY PREVIOUS DESIGNATION I HAVE FILED. I UNDERSTAND THAT MY MARRIAGE OR REGISTERED DOMESTIC PARTNERSHIP, DISSOLUTION OR ANNULMENT OF MY MARRIAGE OR DOMESTIC PARTNERSHIP, OR THE BIRTH OR ADOPTION OF A CHILD OR TERMINATION OF MEMBERSHIP SUBSEQUENT TO THE DATE I FILE THIS FORM WITH CALPERS, WILL AUTOMATICALLY VOID THIS DESIGNATION. HOWEVER, A DESIGNATION FILED AFTER THE INITIATION OF A DISSOLUTION/ANNULMENT OF MARRIAGE OR REGISTERED DOMESTIC PARTNERSHIP IS NOT REVOKED WHEN THE DISSOLUTION/ANNULMENT IS FINALIZED.

**Signatures Required**

Are you legally married or have a registered domestic partner? ☐ No ☐ Yes  
If yes, your spouse or registered domestic partner must sign this form  
If no, please indicate: ☐ Never married/ or Never in Domestic Partnership ☐ Divorced/Annulled ☐ Widowed

**IMPORTANT** – You must complete the BSD-800 on the reverse side of this form if you are married or have a registered domestic partnership but your spouse or domestic partner is unable to sign below.

MEMBER SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

MEMBER ADDRESS: \_\_\_\_\_  
(Number and Street) (City) (State) (Zip Code)

**SPOUSAL/REGISTERED DOMESTIC PARTNER ACKNOWLEDGEMENT:** By signing this beneficiary designation form, I acknowledge the information entered by my spouse/domestic partner.

SPOUSE/DOMESTIC PARTNER SIGNATURE: \_\_\_\_\_



## INFORMATION AND INSTRUCTIONS FOR CalPERS BENEFICIARY DESIGNATION FORM

If you die before you retire, the Public Employees' Retirement Law provides for payment of specific Death Benefits to your surviving beneficiaries. Please see your personnel officer for a description of the benefits. The benefits are payable to the following beneficiaries:

- A. If you are a safety member and your death is job-related, or if you are not a safety member but you are fatally attacked while performing your official job duties, the Special Death Benefit may be payable. This benefit is payable by law to your surviving spouse/registered domestic partner (whether or not you were still living together at the time of your death) or, if none, to your unmarried children/step-children under age 22, whether or not you have filed a beneficiary designation.
- B. If you are eligible for retirement or you are a State member with at least 20 years of State service credit, a monthly death benefit allowance may be payable. If you do not have a valid beneficiary designation on file, the benefits will be payable to your surviving spouse/registered domestic partner to whom you have been married to or in a partnership with for either one year or prior to the onset of the injury or illness that resulted in death. Or, if there is no eligible surviving spouse/registered domestic partner, the allowance will be payable to your unmarried minor children, if any.

If you do have a valid beneficiary designation on file your spouse/registered domestic partner may still be entitled to a community property share of your lump sum contributions or monthly death benefit allowance. However, your non-spouse/non-domestic partner designated beneficiaries will receive the portion of your lump sum benefits which are not payable to your spouse/registered domestic partner as his/her community property share.

- C. If A and B do not apply and there is no valid Beneficiary Designation on file at the time of death, the benefits will be payable to your survivors in the following order:
1. Your surviving spouse/registered domestic partner (whether or not you were still living together at the time of your death); or, if none
  2. Natural and adopted children, including (in limited situations) a natural child adopted by another, share and share alike; or, if none,
  3. Parents, share and share alike; or if none,
  4. Brothers and sisters, share and share alike, or if none,
  5. Your estate (if probated, or subject to probate), or if not,
  6. Your trust (if one exists), or if not,
  7. Stepchildren, share and share alike, or, if none,
  8. Grandchildren, including step-grandchildren, share and share alike, or, if none,
  9. Nieces and nephews, share and share alike, or, if none,
  10. Great-grandchildren, share and share alike, or, if none,
  11. Cousins, share and share alike.

If A and B do not apply and there is a valid Beneficiary Designation on file at the time of death, the benefits will be payable to the beneficiary(ies) you designate on the form. However, if you are married or have a registered domestic partner at the time of death, your spouse/domestic partner may still be entitled to a community property share of your lump sum contributions.

- D. You may designate or change your beneficiaries at any time by completing another Beneficiary Designation form. You may name as beneficiary any person or persons, a corporation or your estate. Payment will be made to your estate only if probated. You may designate a trust as your beneficiary; however, you must provide the name of the trust, the date of the trust, and the name and address where the trust is filed. It is not necessary to provide the name of the trustee. Reminder: If you are married or in a domestic partnership at the time of your death and you do not name your spouse/domestic partner as beneficiary, he/she may still be entitled to a community property share of your lump sum contributions or a share of any monthly allowance that may be payable.
- E. Your Beneficiary Designation will be revoked automatically, and benefits will be payable to the closest survivor listed in section C, if any of the following events occur after your designation form is received by CalPERS:
1. Marriage/Registration of Domestic Partnership; or
  2. Dissolution or annulment of your marriage/domestic partnership. However, a designation filed after the initiation of a dissolution/annulment of marriage or domestic partnership is NOT revoked when the dissolution/annulment is finalized; or
  3. Birth or adoption of a child; or
  4. Termination of membership that results in a refund of your contributions.

INSTRUCTIONS (See Reverse Side of This Page)

## INSTRUCTIONS

1. Print clearly with ball point pen or type all information requested. If you make an error, make the necessary correction by lining through the error and initialing the change. No erasures or correction fluid will be accepted.
2. Enter on the form the full name of your beneficiaries, relationship, social security number (if known), and the complete address for each. (If the form does not provide enough space, you may attach additional sheets provided you indicate whether you are designating "primary" or "secondary" beneficiaries. You must sign, date, and write your social security number at the top of each additional sheet.)
3. If a (%) is entered make sure the total equals 100%.
4. Your spouse/registered domestic partner must sign the form to acknowledge the names of the beneficiaries you are designating. **IMPORTANT:** If you are unable to obtain your spouse's/domestic partner's signature, you **MUST** complete the BSD-800, "Justification for Absence of Spouse or Domestic Partner's Signature" form, on the reverse side of the designation form or your designation form may be rejected.
5. Enter the date you signed the form and your current mailing address.
6. Mail the completed form to the Public Employees' Retirement System at the address shown, or you may fax it to (916) 795-3933.
7. After CalPERS receives and reviews the form a confirmation letter will be mailed to you within 6 weeks. If the form is not acceptable a new form will be mailed to you to complete.

## IMPORTANT INFORMATION

The Information Practices Act of 1977 and the Federal Privacy Act require the California Public Employees' Retirement System to provide the following information to individuals who are asked to supply information. The information requested is collected pursuant to the Government Code Sections (20000, et seq.) and will be used for administration of the Board's duties under the Retirement Law, the Social Security Act, and the Public Employees' Medical and Hospital Care Act, as the case may be. Failure to supply all of the requested information may result in the System being unable to perform its functions regarding your status. Portions of this information may be transferred to: state and public agency employers, California State Attorney General, Office of the State Controller, Teale Data Center, Franchise Tax Board, Internal Revenue Service, Workers' Compensation Appeals Board, State Compensation Insurance Fund, County District Attorneys, Social Security Administration, beneficiaries of deceased members, physicians, insurance carriers, and various vendors who prepare microfiche/microfilm for CalPERS. Disclosure to these parties is done in strict accordance with current statutes regarding confidentiality.

You have the right to review your membership files maintained by the California Public Employees' Retirement System. For questions concerning your rights under the Information Practices Act of 1977, please contact the Information Practices Act Coordinator, CalPERS, P.O. Box 942702, Sacramento, CA 94229



Benefit Services Division  
P.O. Box 942711  
Sacramento, CA 94229-2711  
(888) Cal-PERS (225-7377)  
TDD - (916) 795-3240; FAX (916) 795-3933

#### JUSTIFICATION FOR ABSENCE OF SPOUSE OR REGISTERED DOMESTIC PARTNER'S SIGNATURE

Pursuant to Government Code Section 21261, the member's current spouse or registered domestic partner must be made aware of the selection of benefits or change in beneficiary made by the member. The spouse or domestic partner of a CalPERS member must acknowledge the submission of a request for refund of contributions; election of retirement optional settlement; and designation of beneficiary for Pre-retirement Death Benefits.

If a spouse or domestic partner's signature does not appear on one of the above-mentioned documents, the following information **MUST** be completed by the member and submitted with the application form.

MEMBER'S NAME (TYPED OR PRINTED)	SOCIAL SECURITY NUMBER
APPLICATION SUBMITTED	
BENEFICIARY DESIGNATION (PERS-BSD-241)	

Select either 1 or 2 and indicate specifics:

1. ☐ By checking this box, I indicate that I am not legally married or in a registered domestic partnership because:
  - ☐ Never married or never in registered domestic partnership.
  - ☐ Divorced/marriage annulled or domestic partnership terminated. \_\_\_\_\_  
Date (mm/dd/yyyy)
  - ☐ Widowed. \_\_\_\_\_  
Date (mm/dd/yyyy)
2. ☐ By checking this box, I indicate that I am married or have a domestic partner, but my spouse or domestic partner did not sign this form because:
  - ☐ I do not know and have taken all reasonable steps to determine the whereabouts of my spouse or domestic partner, OR,
  - ☐ My spouse or domestic partner has been advised of the application and has refused to sign the written acknowledgement; OR,
  - ☐ My spouse or domestic partner is incapable of executing the acknowledgement because of an incapacitating mental or physical condition; OR,
  - ☐ My spouse or domestic partner has no identifiable community property interest in the benefit, OR,
  - ☐ My spouse or domestic partner and I have executed a marriage settlement or partnership agreement that makes the community property law inapplicable to the marriage or partnership.

*I certify under penalty of perjury that the foregoing information is true and correct.*

MEMBER'S SIGNATURE	DATE SIGNED
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## REPORTING AN IMMINENT DEATH OR TERMINAL ILLNESS POWER OF ATTORNEY

When an employer becomes aware of an employee's imminent death or terminal illness, the employer should immediately contact CalPERS by calling (888) CalPERS (225-7377).

Imminent death or terminal illness implies that the member is not expected to live more than 90 days. This also applies to cases where death may not necessarily be imminent, but competency to act on one's own behalf may become impaired thereby jeopardizing later desired retirement action.

If a person is competent to complete CalPERS Special Power of Attorney form (PERS-OSS-138), the person may give his/her "attorney in fact" the power and authority to complete transactions relating to CalPERS, including filing applications, making benefit elections, designating beneficiaries, and endorsing warrants.

**Note:** Due to changes in the Probate Code, a member may now specifically authorize their attorney-in fact to select a retirement option and name a beneficiary even if the attorney-in-fact is a spouse, registered domestic partner or other family member. In the past, on a "non-family" attorney-at-fact could select an option and designate a beneficiary.

To expedite processing, the person reporting an imminent death should provide the Retirement System with the following information:

1. Member's name, Social Security number, and birthdate.
2. Probable effective retirement date, or date when leave credit will expire.
3. Current salary information and balance of accumulated sick leave.
4. Name, relationship, birthdate, and sex of the person to be designated as the member's beneficiary.
5. Address and telephone number where information can be communicated.
6. Nature and seriousness of illness, estimated life expectancy, and whether the member is presently competent.

The Retirement System will then contact the parties concerned regarding the benefit options available, the filing requirements which must be satisfied, and how best to expedite the filing process.

**Note:** In order for CalPERS to carry out the desired retirement action (e.g., provide an allowance to the beneficiary), it is imperative that the member be alive on the effective date of retirement and an application election filed with CalPERS prior to the members death. The retirement application /election form can be faxed to us, do not mail the original. The original should be provided to the member for his/her records.

### POWER OF ATTORNEY

For information on "The Power of Attorney" (PERS-Pub-30) please visit our website at [www.calpers.ca.gov](http://www.calpers.ca.gov) or to order a supply please refer to last Section of this Manual- "Ordering Forms and Publications".

## DEATH OF AN ACTIVE MEMBER

### EMPLOYER NOTIFICATION TO SYSTEM

Immediately upon learning of an employee's death, the employer should contact the Benefit Services' Telephone Information Center at (888) CalPERS (225-7377) and provide the following information:

1. Member name, Social Security number, and birthdate
2. Date of death, cause of death and date of separation
3. Name, address and telephone number of next of kin
4. If a spouse/registered domestic partner is next-of-kin, the birth date and date of marriage/partnership should also be provided.

CalPERS will send you a partially completed PERS-BSD-738, Report of Separation for Death, with the following information:

1. Employer name and code
2. Name and Social Security number
3. Date of death

### INSTRUCTIONS FOR COMPLETION— PERS-BSD-738

The employer should verify and if necessary correct any information on the form. The employer completes remainder of form as follows:

#### PART I — EFFECTIVE DATES

1. Separation Date – Enter if separation date or date of death differs from the last day on payroll for which contributions were deducted, enter last day on pay status.
2. Reason for Sep – Enter if separation is not due to death, enter reason for separation. *Separation date cannot be later than death date.*
3. Last Day on Pay Status – Enter last day on payroll.
4. Timebase – Enter timebase.

#### PART II — PAYROLL AND CONTRIBUTION INFORMATION

1. Dates of pay periods (monthly, semi-monthly, bi-weekly, or quadri-weekly) for the month of separation and each of the three months preceding separation.
2. Amount of full-time pay rate.
3. Gross regular amount earned in each pay period.
4. Amount of regular retirement contributions for each pay period.
5. Amount of special compensation earnings for each pay period.
6. Amount of special compensation contributions for each pay period
7. Under "Other" column heading, explain other than normal contributions; e.g., retroactive salary increase, etc.,

#### Note:

1. Do not combine contributions for Special Compensation with normal contributions. Use the "special compensation" column.
2. Do not deduct retirement contributions from the lump sum vacation payments.
3. Do not delay submission of this form awaiting final payroll data. Estimate the last period's payroll information and label this line "Estimate".

#### PART III — UNUSED SICK LEAVE

Please indicate the total number of **days** of unused sick leave and educational leave credited to the member (for members who have attained the minimum retirement age or who are under age 50, but have at least 20 years of state service only) on death date. Show partial days to three decimal places.

## **DEATH OF AN ACTIVE MEMBER**

### **PART IV –**

#### **HEALTH AND DENTAL INSURANCE**

Complete only if the member had health insurance coverage under the Public Employees' Medical and Hospital Care Act.

A request for change in health benefits coverage based upon change in family status (death) may be made by an enrolled surviving family member who continues to receive an allowance.

### **PART V – SIGNATURE**

Have this form signed by an authorized officer; enter title, phone number and date. FAX completed form PERS-BSD-738 to CalPERS immediately.

### **NOTIFICATION BY OTHER THAN EMPLOYER**

When CalPERS is informed of an employee's death by someone other than the employer, the System will also initiate the form PERS-BSD-738, partially filled in, and forward to the employer. The employer completes the balance of the form per instructions found in "Employer Notification to System".



Benefit Services Division  
P.O. Box 1652  
Sacramento, CA 95812-1652  
(888)CalPERS (225-7377), FAX (916)795-1281

**REPORT OF SEPARATION FOR DEATH – REQUEST FOR PAYROLL INFORMATION**  
PERS-BSD-738 (2/01)

PLEASE COMPLETE AND **FAX** TO (916) 795-1281 AS SOON AS POSSIBLE

Agency Code:	Agency Name:	
Member Name:	SSN:	Date of Death:

We have been notified that the above member has died. Your cooperation in immediately providing the following information is an important part of ensuring the accurate and prompt payment of death benefits.

**PART I. EFFECTIVE DATES REGARDING SEPARATION** – Please explain any difference between date of separation and last day on pay status, or, if member was on a leave of absence give dates of absence. Timebase: indicate whether member was fulltime, part-time, indeterminate, or intermittent. If part-time, also indicate required hours (i.e., 30/40 for member working 30 hrs per week).

Separation Date:	Reason for Sep (if separation <u>not</u> due to death):	
Last Day on Pay Status:	Timebase:	Required Hrs:

**PART II. PAYROLL AND CONTRIBUTION INFORMATION** – Please complete this section for the LAST FOUR MONTHS on pay status, by payroll service period. Contributions should not be deducted after separation. For retroactive pay increases, provide the inclusive dates of the increase as well as the new payrate, total earnings, and contributions for the period of the increase. Any special compensation should also be shown below (i.e., uniform allowance, holiday pay, etc.).

Pay Period From	Pay Period To	Payrate	Gross Earnings (regular)	Member Cont. (regular)	Special Comp. Earnings	Special Comp. Contrib.	OTHER (specify)

**PART III. UNUSED SICK/EDUCATIONAL LEAVE AT TIME OF SEPARATION** - Please enter the total number of days of unused sick leave and educational leave credits (Section 20963.1) the employee had at the time of separation. Accumulated hours must be converted to days using the appropriate factor applicable to each employees' individual classification or position. Calculate to three decimal places.

TOTAL UNUSED SICK LEAVE: \_\_\_\_\_ DAYS  
BALANCE OF EDUCATIONAL LEAVE CREDITS: \_\_\_\_\_ DAYS

**PART IV. HEALTH AND DENTAL INSURANCE** - To be completed only by State agencies and Public agencies which contract for health and/or dental coverage under the Public Employees' Hospital and Medical Care Act. Please attach copies of current health and dental enrollment forms. Failure to provide this information may result in lapse of coverage for eligible annuitants. Bargaining code will need to be provided for Public agency employees ONLY.

Type of Coverage	Plan Name	Name(s) of Covered Dependents	Bargaining Code (if Applicable)
HEALTH INSURANCE			
DENTAL INSURANCE			

**PART IV. CERTIFICATION OF EMPLOYER** – The above information is based on payroll information currently available.

Signature of Payroll Officer \_\_\_\_\_ Title \_\_\_\_\_ Telephone # \_\_\_\_\_ Date \_\_\_\_\_

When CalPERS is notified of an active employee's death, a letter (which may not provide an estimate of the benefits payable) and a PERS-PUB-55, "A Guide to Your...CalPERS Survivor Benefits" booklet will be sent to the next of kin. The booklet explains the benefits which may be payable and provides an Application for Active Member/Non-Member Survivor Benefits (PERS-BSD-1167).

If an estimate is not provided, or if only lump sum benefits are payable, the BSD-1167 may serve as the claim form completed by the designated or statutory beneficiary. If there is a choice of monthly or lump sum benefit an election must be made on the BAS-1167. If the information provided in the initial BSD-1167, along with any designation on file, indicates the proper beneficiary remains to be contacted, a claim form will be sent to the proper beneficiary. Payment of death benefits will be as soon as possible after receipt of the claim form and copies of any other documents required (e.g., marriage, birth, or death certificates).

To determine the beneficiary(ies), CalPERS will check the file for a valid \*\* Beneficiary Designation (PERS-BSD-241) (SEE Beneficiary Designations – Prior to Retirement). If a valid BSD-241 has been filed and if the member was eligible for retirement (at least age 50 with five or more years of service credit) the allowance payable to the surviving spouse/domestic partner will be reduced and the beneficiary(ies) designated will receive a one-time payment of the employee's community property share. If a BSD-241 is no longer valid or has not been filed, death benefits will normally be paid to the statutory beneficiary as follows:

- I. If the member was eligible for retirement on the date of death:
  - a.) Member's surviving spouse/registered domestic partner, or if none;
  - b.) Unmarried minor child.

- II. If the member was not eligible for a monthly allowance:
  1. Member's surviving spouse/registered domestic partner (whether or not still living together at the time of death); or, if none;
  2. Natural and adopted children, including (in limited circumstances) a natural child adopted by another, share and share alike; or, if none;
  3. Parents, share and share alike; or, if none;
  4. Brothers and sisters, share and share alike; or, if none;
  5. Member's estate (if probated, or subject to probate); or, if not;
  6. Member's trust, if one exists; or, if not;
  7. Stepchildren, share and share alike; or, if none;
  8. Grandchildren, including step-grandchildren, share and share alike; or, if none;
  9. Nieces and nephews, share and share alike; or, if none;
  10. Great-grandchildren, share and share alike; or, if none;
  11. Cousins, share and share alike.

**\*\*Any of the following life events will, by law, revoke a Beneficiary Designation (PERS-BSD-241):**

- a. *Marriage/Registration of Domestic Partnership.*
- b. *Dissolution or annulment of marriage/domestic partnership may require an updated Beneficiary Designation form. A designation filed after the initiation of a dissolution/annulment of marriage or partnership will NOT be revoked when the legal action is finalized.*
- c. *Birth or adoption of a child*
- d. *Termination of employment which results in a refund of contributions.*



## INFORMATION FOR FAMILY OF DECEASED

Following the member's death, a spouse/domestic partner may request a "Disclaimer of Benefits" form if he/she does not wish to receive their community property interest in the death benefits. If the "Disclaimer of Benefits" form is completed, then the entire Basic Death Benefit may be paid to the person(s) designated on the BSD-241, unless the member is survived by a minor child who would become the statutory beneficiary entitled to a monthly allowance.

NOTE: Original documents (death certificate, marriage certificate, etc) should NOT be sent to CalPERS. Only clear photocopies of these documents should be submitted. To expedite the death benefit payment process, ensure that the deceased member's Social Security Number appears in the top right corner of each photocopy so that the documents are associated with the correct file.

## STEP BY STEP INSTRUCTIONS

For “Step by Step Instructions” on completing the forms used to process a Service Retirement, please refer to the “Stepping into Retirement . . . A Guide to Completing Your CalPERS Service Retirement Election Application” (PERS-PUB-43) or visit the CalPERS website.

## REQUEST FOR ESTIMATES OR COUNSELING

The member may wish to have the System calculate an estimate of retirement allowance. Retirement benefit estimates are processed by the Member Services Division.

Members may request a retirement estimate from CalPERS by completing and submitting a Retirement Allowance Estimate Request (PERS-MSD-470) or by contacting CalPERS at (888) CalPERS (225-7377). An acceptable estimate request should meet the following guidelines:

1. Any retirement date can be requested; however, since our estimate calculation process does not project future salary increases, formal estimates far in the future are not meaningful. For retirement dates more than five years in the future, the employer can provide the member with the appropriate CalPERS member booklet (member booklets can be downloaded by visiting the CalPERS Website.) Our CalPERS Regional Offices can assist members with questions about information in the booklets and provide retirement counseling. The addresses and telephone numbers are included in each booklet.
2. All information on the form PERS-MSD-470 must be completed before an estimate can be processed. Important: Please be sure the address and social security number are legible.
3. A request for an estimate is **NOT** an application for retirement. A Service Retirement Election Application (PERS-BSD-369-S) or Disability Retirement Election Application (PERS-BSD-369-D) must be submitted to apply for retirement. An Application for Retirement may not be used to request an estimate.

If the member plans on retiring in the near future, the employer should provide the member with our CalPERS brochure “Planning Your Service Retirement” (PERS-PUB-1).

4. Retirement benefit estimates will be mailed to the address indicated on the PERS-MSD-470 in approximately 10 days of receipt of the request by CalPERS.
5. Members may receive immediate estimates by using our service retirement estimate program available at all CalPERS Regional Offices. The Retirement Planning Calculator is also available for downloading on the CalPERS Web site at [www.calpers.ca.gov](http://www.calpers.ca.gov) or you may contact CalPERS at (888) CalPERS (225-7377) to obtain further information.

## WHEN TO APPLY

An application for retirement should be forwarded to the Benefit Services Division not more than 90 days prior to the desired effective date of retirement.

**NOTE:** A disability retirement application should be submitted as soon as a medical condition becomes disabling and prior to the expiration of benefits to ensure the member is eligible for the earliest effective date possible.

This advance notice permits CalPERS to make calculations, resolve service credit problems, and begin payments on a timely basis. Members should be advised of this and encouraged to mail their applications to: CalPERS Benefit Services Division, P.O. Box 942711, Sacramento, CA 94229-2711.

## ADDITIONAL NOTES FOR SUBMITTING FORMS

If the application is submitted by FAX to the Benefits Services Division, DO NOT send the original hard copy application.

DO NOT submit any original Certificates (Marriage, Birth, Death, etc.). Send only photocopies of important documents, as CalPERS can not return original documents. Each page should have the member's Social Security Number for identification.

A member's application for retirement, if submitted within nine months after the date the member discontinued his or her state service, and, in the case of retirement for disability, if the member was physically or mentally incapacitated to perform his or her duties from the date the member discontinued service to the time the application was submitted, shall be deemed to have been submitted on the last day salary was payable. The effective date of retirement will be the day following the last day of payroll. In the case of an application for retirement filed more than nine months after discontinuance of service, the effective date of the application shall be determined in accordance with Government Code Section 20160.

## WHO MAY APPLY

For **service retirement**: A **first-tier** state member who has reached age 50 and has earned at least five years of credited service or a **second-tier** member who has reached age 55 and has earned at least ten years of credited service may submit an application for retirement. The application must be submitted by the member and show a definite retirement date. **It is the employee's responsibility, not the employer's, to see that the retirement application is sent to the System.**

**NOTE:** A member who is **employed on a part-time basis** and has worked at least five years for first-tier or ten years for second-tier may be eligible to retire with less than five or ten years of credited service (It takes 10 months of full-time employment or 1,720 hours to equal one year of CalPERS service credit.) The retirement benefit the member will receive will be based on their actual service credit amount. (GCS 20970)

For **disability retirement or industrial disability retirement**: please refer to the instructions found under "Disability Retirement or Industrial Disability Retirement" in this section of the manual.

## REQUESTING ADDITIONAL SERVICE CREDIT

All requests for service credit cost information must be received prior to the member's effective retirement date. **The retirement date can be no earlier than the day following receipt of the request by CalPERS.** Therefore, it is important that the member request any additional service credit information well in advance of his/her retirement to avoid possible delays in the retirement date.

A Guide to Your CalPERS Service Credit Purchase Options (PERS-PUB-12) can be requested by employers from the CalPERS Central Supply Section or by downloading a copy from the CalPERS website at [www.calpers.ca.gov](http://www.calpers.ca.gov). Service credit and questions should be directed to CalPERS Member Services Division, P.O. Box 400, Sacramento, CA 95812-4000 or (888) CalPERS (225-7377).

## CANCELLATION OF RETIREMENT APPLICATION

If a member desires to cancel the service retirement application or defer retirement to a later date, the member must request to do so prior to the issuance date of the first full monthly payment. For cancellation of disability retirement, refer to the instructions found under the "Disability or Industrial Disability" section. All cancellation requests **MUST BE** made in writing to be valid. The member's signature is required. A cancellation is binding; the member must thereafter re-apply whenever the member is ready to retire.

1. Once the first retirement warrant has been cashed, the member will not be allowed to cancel the retirement.
2. A member may request a refund of accumulated contributions in writing in lieu of retirement prior to the issuance of the first retirement warrant.

## MINIMUM REQUIREMENTS FOR SERVICE RETIREMENT

A member shall be retired for service upon written application if the member has reached the minimum retirement age and has earned at least five years of credited service. Minimum retirement age is 50 for most public agency and school members. Local members under the Second-tier retirement plan must be at least 55 years old.

## SERVICE RETIREMENT PROCESSING—DOCUMENT SEQUENCE

1. **PERS-BSD-369-S — “Service Retirement Election Application”** is received in the System from the member.

Please note that if the member is married/or in a domestic partnership but is not able to obtain the spouse’s or domestic partner’s signature on the “*Service Retirement Election Application*” form they must complete a *Justification for Absence of Spouse’s or Domestic Partner’s Signature* (PERS-BSD-800-A). If they submit a “*Beneficiary Designation*” (PERS-BSD-509-A) form and the spouse does not sign that form, they must complete another *Justification for Absence of Spouse’s or Domestic Partner’s Signature* form (PERS-BSD-800-B).

The application package includes information regarding required marriage domestic partnership, and birth date evidence. **Do not submit any original Certificates.** Send only photocopies of important documents, CalPERS can not return original documents. Each page of all documents submitted to CalPERS should reflect the member’s Social Security Number for identification.

Direct Deposit Authorization form (PERS-BSD-1199-P) can also be submitted with the election application form. This form can be downloaded by visiting the CalPERS Website at [www.calpers.ca.gov](http://www.calpers.ca.gov).

2. **Employer Certification** is included in Section 6 of the service retirement application and must be completed before the member submits the application to CalPERS.

To receive sick leave credit, the member’s retirement date must be within 120 days from the date of separation from the employer granting the sick leave.

If an employer needs to correct the certified amounts please use the **PERS-BSD-200A**.

### Conversion of Sick Leave Credits for Employees working 8 Hours per Day

- a. The eight-hour employee who receives full service credit for the normal work day would have any accumulated unused hours of sick leave service credit divided by eight to determine the number of days to report to CalPERS for purposes of enhancing the retirement benefit.

**NOTE:** Sick Leave must be reported in days only. Employers can take whatever in-house procedures they desire to ensure appropriate sick leave/educational leave days are reported. For instance, the employee’s sick leave can be taken off the books the day the certification is completed.

- b. Individuals who work the 9/8/80 or 10/4/40 schedule and accrue eight hours of sick leave per month would likewise have the accumulated unused sick leave divided by eight, irrespective of the number of hours they are charged for a day of absence.
- c. The shift employee whose workday consists of 24 hours would receive the equivalent of three days of service credit. Assuming the accrual of 24 hours per month of sick leave/educational leave credit, this individual's hours of accumulated unused sick leave would also be divided by eight to determine the number of days to report to CalPERS.

Sick leave is converted to service credit by: days of reported sick leave X .004 = service credit.  
Example: 35 days X .004 equals .140 years of service credit.

**NOTE:** The accrual of sick leave credits must be consistent for members of the same group or class who work like or similar hours. Service credit, which was not earned through the "accrual of sick leave" policy, may not be credited on an individual basis for the purposes of enhancing the retirement benefit. Unused sick leave for which a member receives compensation, (sick leave cash out) should not be reported to CalPERS for purposes of enhancing the retirement benefit.

- 3. **An Acknowledgment Letter** is sent to the member (PERS-BSD-451A) within 5-10 days of receipt of the PERS-BSD-369-S in our Sacramento Headquarters office letting them know we have begun processing the request. If the member does not receive an acknowledgment letter within 10 days they should contact the System immediately. See copy on pages that follow.

- 4. **PERS-BAS-11 — Notice of Benefit Approval** will be sent to the member prior to receipt of the first retirement check. This letter will provide the date of the first check, the amount the member can expect to receive and important income tax information. See copy on pages that follow.
- 5. **PERS-BAS-11A — Account Detail Information Sheet** is an attachment to the PERS-BAS-11, which explains the data used to calculate the member's retirement allowance. See copy on pages that follow.
- 6. **PERS-BAS-62 — Notice of Placement on Retirement Roll** is sent to the employer after the employee is placed on the retirement roll. The BAS-62 provides the employer with the number of sick leave days that were included in the employee's retirement calculation.

PLEASE NOTE: The PERS-BAS-62 is mailed to the employer prior to the issuance of the member's first retirement check, but usually after the member's separation date. See copy on pages that follow.

- 7. **PERS-BSD-200 — Requested Employer Certification** form must be requested and completed by the employer if the retirement application is sent to CalPERS without the certification section completed. An adjustment will be completed upon receipt of the form. See copy of pages that follow.
- 8. **PERS-BSD-200A — Amended Employer Certification** form can be used by employers that wish to submit corrected certification information. An adjustment will be completed upon receipt of the form. Supplies can be ordered from CalPERS. See copy on pages that follow

For future employment of the retiree, please refer to the section on Employment of a Retiree and the section on Reinstatement from Retirement.



**Benefit Services Division**

P.O. Box 942711  
Sacramento, CA 94229-2711  
(888) CalPERS (225-7377)  
TDD - (916) 795-3240; FAX (916) 795-3933

Reply to Section  
Refer to No. (Mbr's SSA#)  
Date

Dear

Congratulations on your decision to retire! This letter is to acknowledge receipt of your application for service retirement effective (date).

If you are currently enrolled in a CalPERS basic health plan you may continue your health insurance into retirement. Please contact your personnel office to ensure your health benefit coverage is active until your retirement processing is completed.

Please direct any questions about your retirement to the above address or phone numbers. These numbers are available 24 hours a day, 7 days a week. You may leave a message after working hours or on the weekend, and your call will be returned within 48 hours. Be sure to include your Social Security Number and daytime telephone number on all written inquires.

You may be entitled to receive a disability retirement if you are unable to work because of an illness or injury. If you wish to request service pending disability retirement, you must complete a Disability Application PERS-PUB-35. For other changes to your original application (e.g., retirement date change, cancellation of your application) please submit a written request to this office. The request must be received before the first warrant is issued. Please note that your retirement date cannot be earlier than the day following your last day on pay status or the first of the month in which your application is received by this System.

You will receive a notification of your retirement allowance prior to the issuance of your first retirement warrant.

Quality service is a high priority at CalPERS. We look forward to assisting you and making your transition into retirement a smooth and pleasant experience.

Retirement Eligibility and Payment Section

PERS-BAS-451A (08/02)

**Benefit Services Division**

P.O. Box 942711

Sacramento, CA 94229-2711

(888) CalPERS (225-7377)

TDD - (916) 795-3240; FAX (916) 795-3933

Reply To: Section

Refer To: SSA #

September 19, 2003

Member's Name  
Member's Address  
City, State and Zip Code

Dear Member's Name:

Your election to receive the Option 2W Allowance has been processed.

Your monthly benefit is \$7,191.69\* based on your retirement date of September 1, 2003. Your first regular warrant will arrive on or shortly after October 1, 2003 and will cover the period of September 1, 2003 through September 30, 2003. Your future retirement warrants will be mailed to arrive on or shortly after the first of the month following the month to which they apply.

Please endorse and cash or deposit each warrant promptly. Unless direct bank mailing is authorized, your personal endorsement is required.

Your retirement allowance shown above is an approximation of the amount you are eligible to receive. An adjustment to your account, if needed, to reflect an increase in service (i.e. sick leave service credit, Golden Handshake service credit, etc.), a change in retirement date, or change in salary will be completed after final payroll information has been received. Any questions concerning an adjustment or pertaining to your future retirement benefits should be directed to the Benefit Services Division, P.O. Box 942716, Sacramento, CA 94229-2716 or by telephoning (888) 225-7377.

**BENEFICIARY/SURVIVOR ALLOWANCE:**

Upon your death, benefits will be paid to your beneficiary in accordance with the designation indicated on your retirement election document. If you elected a benefit that requires marriage and/or birth documentation and you have not submitted these documents, please send them immediately to the Benefit Services Division. If the documents are not in file at the time of your death, it may be necessary to delay payment of benefits to your beneficiary.

\* This amount includes 280.000 days credited to your account for unused sick leave.

**INCOME TAX INFORMATION:**

The following information regarding your contributions will assist you in the determination of the taxability of your benefit.

	<b>Total Contributions and Interest</b>	<b>Interest</b>	<b>Taxed Contributions</b>	<b>Non-taxed Contributions</b>
<b>CONTRIBUTIONS:</b>				
<i>Normal</i>	\$82,325.48	\$48,593.91	\$7,703.27	\$26,028.30
<b>Total</b>	<b>\$82,325.48</b>	<b>\$48,593.91</b>	<b>\$7,703.27</b>	<b>\$26,028.30</b>

The staff of the California Public Employees' Retirement System hopes that your transition into retirement has been a pleasant experience. We look forward to assisting you in the future.

Retirement Eligibility and Payment Section

Enclosure

**Benefit Services Division**

P.O. Box 942711

Sacramento, CA 94229-2711

(888) CalPERS (225-7377)

TDD - (916) 795-3240; FAX (916) 795-3933

SSA#:

Retirement Date: 09/01/2003

Member Age: 60.00

Beneficiary Date of Birth:

**ACCOUNT DETAIL INFORMATION SHEET**

The following is the data used to calculate your retirement allowance. Any change in the information reflected below could result in a change to your retirement benefit. An adjustment to your account, if needed, will be completed after final payroll information has been received from your employer.

EMPLOYER NAME	TYPE OF SERVICE	YRS OF SERVICE	FORMULA/ BENEFIT FACTOR	FINAL COMP
CSU CHICO	NORMAL SERVICE	33.000	2% @ 55 / 2.314	9,925.00
CSU CHICO	SICK LEAVE	1.120	2% @ 55 / 2.314	9,925.00

Final compensation is your highest average monthly pay rate for the last consecutive 12 or 36 months of employment based on your employer's contract. If your service was coordinated with Social Security the final compensation was reduced by \$133.33 in the calculation of your retirement allowance.

Retirement Eligibility and Payment Section  
Benefit Services Division



Reply to:  
Refer to No. (Mbr's SSA#)  
Date

To:

Attn: Personnel Section  
CGC 10006

From: Benefit Services Division  
California Public Employees' Retirement System

Subject:

Notice of Placement on Retirement Roll:

This is to advise you that the employee named above has been placed on our 05/2002 Industrial Disability Retirement Roll with an effective date of 03/31/02 and separation date of 03/30/2002. 10.025 days of unused sick leave have been credited to the member's account.

In accordance with the Public Employees' Retirement Law, the employee must be separated from employment at least one day prior to the effective date of retirement. Please notify us immediately if separation did not occur by that date.

Please see your 'Procedure Manual for Reporting to the California Public Employees' Retirement System' for information regarding employment of a retired member.



## California Public Employees' Retirement System

### REQUESTED EMPLOYER CERTIFICATION

An employer certification is required to complete processing of the application for retirement for the member named below. The information requested is necessary to accurately adjust the member's retirement allowance. Please complete this form and return it immediately so processing can continue.

TO: CALPERS P.O. BOX 942711 SACRAMENTO, CA 94229-2711		From agency Code and name
Member Name	Social Security Number	Retirement Date 00/00/0000

Employee's Last Day on Payroll	Employee's Separation Date
Balance of unused sick leave days _____	
Balance of educational leave credits _____	
_____ Employer Signature	_____ Date
_____ Title	_____ Telephone Number



## California Public Employees' Retirement System

### AMENDED EMPLOYER CERTIFICATION

An employer certification is required to complete processing of the application for retirement for the member named below. The information requested is necessary to accurately adjust the member's retirement allowance. Please complete this form and return it immediately so processing can continue.

TO: CALPERS P.O. BOX 942711 SACRAMENTO, CA 94229-2711		From agency Code and name
Member Name	Social Security Number	Retirement Date 00/00/0000

Employee's Last Day on Payroll	Employee's Separation Date
Balance of unused sick leave days _____	
Balance of educational leave credits _____	
_____ Employer Signature	_____ Date
_____ Title	_____ Telephone Number

### HEALTH INSURANCE

For public agencies covered under the Public Employees' Medical and Hospital Care Act, enrollment of a member is continued without change when the member retires. Coverage will continue into retirement if the individual is enrolled at the time of separation from employment and their effective date of retirement is within 120 days of separation. For questions on health insurance benefits, please refer to the "Health Benefits Procedure Manual for Public Agencies". Direct Authorization may be established for automatic deduction of payments for health insurance administered by CalPERS as well as life insurance premiums, union dues, credit union payments or shares, or to charitable organizations.

### GENERAL PROCEDURES FOR DIRECT AUTHORIZATION OF HEALTH/LIFE INSURANCE

1. The agency determines the eligibility of the member to continue such coverage into retirement and forwards the authorization form to the carrier, not to CalPERS. This form must be signed by the member.
2. The carrier must then authorize the deductions by sending CalPERS a special deduction authorization form. Premiums will be deducted only as authorized by the carrier. Any additions, changes, or cancellations must be submitted to CalPERS by the carrier.
3. Normally, the carrier will require two (2) months premiums in advance to provide CalPERS with adequate time to process the deduction.

### OTHER DIRECT AUTHORIZATIONS

Direct authorization deductions for union dues, credit union payments or shares, or charitable organizations may be established provided that:

1. The organization has contracted with CalPERS to provide this service (members must contact the organization for this information);
2. The member authorizes to have money deducted through the organization;
3. The organization submits the authorization directly to CalPERS; and
4. Authorized deductions are *stopped* or *changed* upon receipt of written authorization from the organization.

The System's function is limited to the mechanics of deducting and determining what deduction authorization is proper. Inquiries concerning these types of "other deductions," should be directed to the organization.

### INCOME TAX WITHHOLDING

Federal and California State income tax deductions will be withheld from monthly or lump sum benefit payments unless the annuitant specifically elects no tax withholding. Federal (W4P), and California State (DE4P) tax withholding forms must be completed to elect either a specific dollar amount of withholding, a withholding based on tax tables, or specifically elect no tax withholding. If the election form is not filed with CalPERS, automatic withholding begins based on a married person with three (3) exemptions. Any questions retirees have concerning the taxability of their allowance should be directed to the Internal Revenue Service or California State Franchise Tax Board.

### PAYMENTS FOR PURCHASING SERVICE CREDIT

A member who previously elected to purchase public service credit, redeposit contributions for service credit, or has arrears contributions, may elect upon retirement to continue any payments due into retirement. In such cases, service credit will be included in the retirement calculation and a monthly payment will be taken from the member's retirement allowance. Any balance still unpaid upon the member's death shall be deducted from death benefits otherwise payable. A retired member's survivor entitled to a monthly survivor allowance may elect to continue such deductions from the monthly allowance in lieu of the lump sum payment otherwise required. The following criteria must be adhered to:

1. No installment payments (deductions) are permitted unless an election has been made prior to retirement.
2. Death benefits against which unpaid balances may be deducted include the lump sum benefit, survivor continuance benefits, and payments under all optional settlements.

### **SOCIAL SECURITY INSTRUCTIONS**

Members having Social Security coverage, integrated with System coverage, should contact their local federal Social Security Office about three months before their retirement.

Reference material needed by the Social Security Office will be: Social Security number, name of the employer, and documentary proof of birth.

### **TEMPORARY ANNUITY PAYMENTS**

Members who are retiring for service can elect to receive an additional monthly allowance from CalPERS. The benefit is payable from retirement date to a specific age that the member selects, 59 1/2 or any whole age from 60 to 68. You can also name the dollar amount you wish to receive within certain limitations. For members entering CalPERS membership on or after January 1, 2002, your employment must be in a position covered by Social Security and the maximum dollar amount that can be received is the amount of your potential Social Security benefit. This benefit is NOT free. The member's CalPERS lifetime allowance is reduced to pay for the temporary annuity.

The Temporary Annuity brochure (PERS-PUB-13) can be requested by employers from the CalPERS supply section. Member questions on the program can be directed to any of the CalPERS regional offices listed in the appendix chapter of this manual or:

CalPERS  
Benefits Services Division  
P.O. Box 942711  
Sacramento, California 94229-2711  
(888) CalPERS (225-7377)

## DISABILITY RETIREMENT OR INDUSTRIAL DISABILITY RETIREMENT

You should maintain a supply of “A Guide To... Completing Your CalPERS Disability Retirement Election Application (PERS-PUB-35)”, which includes the disability application, forms to be completed with step by step instructions and important information regarding disability and/or industrial disability retirement. Please familiarize yourselves with the information in the publication to provide assistance to your employees.

### DISABILITY RETIREMENT

Retirement for *disability*, available to all members (miscellaneous, industrial and safety classifications) credited with five or more years of service, is retirement resulting from mental or physical incapacity for the performance of duty. The injury or disease causing the incapacity need not be job-related.

**NOTE:** A member who is **employed on a part-time basis** and has worked at least five years for first-tier or ten years for second-tier may be eligible to retire with less than five or ten years of credited service. (It takes 10 months of full time employment or 1,720 hours to equal one year of CalPERS service credit.) The retirement benefit the member will receive will be based on their actual service credit amount.

### INDUSTRIAL DISABILITY RETIREMENT

Retirement for *industrial disability*, available to all safety members and those miscellaneous members covered under Government Code Section 21151, is retirement resulting from mental or physical incapacity for the performance of duties. The disabling injury or disease must be work incurred or job-related. Age, service and contributions are not considered for qualifying purposes.

### WHEN TO APPLY

The application for disability retirement shall be made only (1) while a member is in local agency service or (2) for a member, whose contributions will be made under Government Code Section 20997, and is absent on military service, or (3) within four months after the discontinuance of the local agency service of the member, or while on approved leave of absence, or (4) while the member is physically or mentally incapacitated to perform his/her duties from the date of discontinuance of local agency service to the time of application or motion.

As soon as it is believed the member is unable to perform the job because of an illness or injury, which is expected to be permanent, or last longer

than six months, the member or someone on the member's behalf, should submit an application for disability retirement. The medical condition does not have to be “permanent and stationary” under Workers' Compensation to submit the application.

### EMERGENCY RETIREMENT

CalPERS can expedite retirement processing for members who are facing a terminal illness. If this is the case, CalPERS should be contacted immediately to discuss an emergency retirement. We will make every effort possible to quickly obtain the necessary information and complete our processing. (However, for any post-retirement death benefits to be paid, the member must be living on the effective date of retirement.)

### WHO CAN APPLY

Application for disability, or industrial disability, retirement may be made by the member, by a **duly authorized official** of the employing agency, or any person on behalf of the member.

“Duly authorized official” referred to above is defined in Government Code Section 21152(c) as “The governing body, or an official designated by the governing body of the contracting agency, if the member is an employee of a contracting agency.” Portions of “Resolution No.3 – Delegation of Authority” may be used if the contracting agency wants to submit a delegation of authority that only addresses making disability application on behalf of employees.

Government Code Section 21153 provides that the employer may not separate a member because of disability who is otherwise eligible to retire for disability. The employer must apply for the disability retirement of such member unless the member waives the right to retire for disability and elects to either withdraw his contributions or leave them in the fund for a future service retirement.

# DISABILITY RETIREMENT OR INDUSTRIAL DISABILITY RETIREMENT

## EMPLOYER ORIGINATED APPLICATION

When an employer is submitting the "Disability Retirement Election Application" (PERS-BSD-369-D) on the member's behalf, the following sections **must** be completed: Visit the CalPERS Website to download this application. [www.calpers.ca.gov](http://www.calpers.ca.gov), "click" the EMPLOYEE TAB, "click" retirement forms and supplies DOWNLOAD.

<u>Section 1</u>	Member Information
<u>Section 2</u>	Retirement Information – Retirement date is not required
<u>Section 3</u>	Workers' Compensation Information
<u>Section 4</u>	Disability Information
<u>Section 8</u>	Employer Certification
<u>Section 11</u>	Employer-Originated Application – Signature must be made by the Duly authorized official on file with CalPERS or processing will be delayed.

The employer should *not* complete Section E (Option Election), Section F (Retired Death Benefit), Section G (Survivor Continuance), Section I (Tax Withholding Election), and Section J (Member Signature & Notary). A Supplemental Retirement Information form will be sent to the member for the additional information once the disability is approved by CalPERS.

**WHAT TO SUBMIT WITH APPLICATION** – The following documentation should be submitted with the application the employer files on behalf of the member:

- Job Duty Statement (preferably Job Analysis)
- Personnel Records
- Adverse Actions
- Investigation Reports
- Medical Information to Support Application (i.e., Fitness for Duty reports; doctor notes, etc.)

NOTE: Only an employer can cancel an *Employer Originated Application*.

## LOCAL SAFETY MEMBERS

Safety members submit applications for disability retirement on the Disability Retirement Election Application (PERS-BSD-369-D). Local safety members do not, however, complete sections C and D on the application.

**APPLICATION ACKNOWLEDGEMENT** - Upon receipt of a request for disability retirement, the System will contact the member and employer, acknowledging receipt of the application.

CalPERS' business practices have changed to an automated process for the disability and industrial disability retirement applications. CalPERS will continue to notify the employer of the member's request for disability or industrial disability retirement, however **a copy of the retirement application will no longer accompany the letter.**

**THE DETERMINATION** - In accordance with Government Code Section 21156, a local safety member shall be retired for disability only upon the employer's determination that the member is incapacitated physically or mentally for the performance of the duties of the position.

The disability decision is based upon competent medical opinion and all medical and vocational information provided by the member, employer and workers' compensation carrier. The determination is based on actual/present disability, not prospective inability to perform the job duties.

The determination must be made within 6 months of the CalPERS request for such determination in accordance with Government Code Section 21157.

Your failure to provide this determination within six months places your agency in violation of Government Code Section 21157. The California Constitution requires CalPERS to administer the

## DISABILITY RETIREMENT OR INDUSTRIAL DISABILITY RETIREMENT

retirement, without the member's consent retirement system in a manner to assure prompt payment of benefits. As a contracting agency of CalPERS, you are the statutory delegate with authority to perform the function of disability determinations for your local safety employees, within the time frame specified by law. However, the member may waive this requirement.

The employer will determine if the disability is industrial, except that in disputed cases the agency, or the member, may refer the matter to the Workers' Compensation Appeals Board for a determination of industrial causation.

**EFFECTIVE DATE OF RETIREMENT** – The member's effective date of retirement without the member's consent cannot be earlier than the termination of the employee's leave of absence without loss of salary under Labor Code Section 4850, or when disability is permanent and stationary as found by the Workers' Compensation Appeals Board, if earlier (Government Code Section 21164).

**INDUSTRIAL DISABILITY ALLOWANCE** – Generally, the industrial disability retirement allowance of a local safety member will be 50% (or more by additional contract provisions) of final compensation. The following agencies have contracted to offer an improved industrial disability retirement benefit of 50% - 90% of final compensation:

- City of Torrance (Fire and Police)
- City of Oxnard (Police)
- East Kern Airport District (Fire)
- California Firefighter's Joint Apprenticeship Commission. (Fire)

**NOTE:** If the member is eligible for service retirement, the service retirement allowance is payable if greater than the industrial disability retirement allowance.

**LOCAL AGENCY DETERMINATION PROCEDURES** – Before the Retirement System can act on any local safety member's application for disability retirement, the following questions must be resolved by the agency and the information transmitted to CalPERS in the form of a Resolution:

Is the member substantially incapacitated from performing the usual duties for his/her current position *and* is the member substantially incapacitated from performing the usual duties of the position for other California public agencies in

CalPERS? If the member is found not to be substantially incapacitated for other California public agencies in CalPERS, indicate whether similar positions with reasonably comparable pay, benefits and promotional opportunities are or are not available to the member.

If incapacitated, will the incapacity exist for a permanent or extended and uncertain duration of six months or longer? It is the agency's responsibility to order a medical examination and obtain such evidence as is necessary to make a determination.

1. Such evidence may be obtained from the Workers' Compensation insurer. On the basis of its accumulated evidence, the agency must determine whether the member is disabled within the meaning of the Public Employees' Retirement Law.

This determination must be made within 6 months from the date of the CalPERS request for such determination. Also, the agency must bear the responsibility for any investigation of retired members for possible reinstatement action.

2. If a determination is made that the member is disabled, is the disability considered "industrial"? Industrial means disability as a result of injury or disease arising out of and in the course of employment as a local safety member (Government Code Section 20046). If there is no application filed with the Workers' Compensation Appeals Board for a determination pursuant to Government Code Section 21166, the agency is required to provide the determination of industrial causation.

If either the member or agency applies to Workers' Compensation Appeals Board for a determination, only that Board can decide the "industrial" question (Government Code Section 21166). A copy of this decision must be sent to CalPERS. CalPERS will assume that the findings are not disputed, and will proceed accordingly, unless the agency notifies CalPERS that a Petition for Reconsideration has been filed.

3. What is the last day of compensation? What is the effective date of retirement? The retirement effective date is established in accordance with Government



## DISABILITY RETIREMENT OR INDUSTRIAL DISABILITY RETIREMENT

Code Sections 21163 and 21164. These sections state that the member's retirement, without the member's consent, cannot be effective until:

- a. The expiration of accrued sick leave or compensating time off, unless, with respect to such leave, the provisions of local ordinances or rules of the employer provide to the contrary; and/or
- b. The termination of the employee's fully compensated leave of absence under Labor Code Section 4850; and/or
- c. An earlier date during the leave when the disability is found to permanent and stationary by the Workers' Compensation Appeals Board.

CalPERS will require the agency determining the member's disability to provide information necessary for CalPERS to determine the effective date. The member should not be kept on payroll to exhaust accrued vacation once a disability determination has been made. Government Code Sections 21252 and 21253 may also apply.

Is there any third party liability related to the injury which caused the disability? CalPERS requires that the agency file an accident report along with its decision as to the possibility of any third party liability. The reason for this information is that CalPERS will retain its rights of subrogation in disability cases.

4. If the member is found to be disabled due to a mental disorder, is the member competent to act on his own behalf in legally binding retirement matters? The agency must certify this information to CalPERS before a warrant can be issued to the member.
5. If a determination is made that the member is not disabled, the agency must notify the member and CalPERS. Notification to the member of their right to appeal the agency's decision and request a hearing within a designated number of days from the date of the notice, shall be by certified mail, return receipt requested, or by personal service.
6. If the member appeals the determination, the agency is required to comply with the Administrative Procedures Act (APA) in the disability retirement determination process.

**NOTE:** Under Labor Code Section 4850, the leave cannot end earlier than one year unless the employee is determined to be permanent and stationary by the Workers' Compensation Appeals Board and the member will be receiving advanced disability pension payments – paid by the employer. See "Advanced Disability Pension Payments" on the next page.

### **ADVANCED DISABILITY PENSION PAYMENTS (ADPP) –**

Employers must make "advanced disability pension payments" to safety members who have qualified for benefits under Labor Code Section 4850 and have submitted an application for industrial disability retirement, until the members begin receiving their retirement benefits directly from CalPERS, or the application for disability retirement is denied. Employers must commence ADPP no later than 30 days from the date of the last payment of salary/wages, 4850 or sick leave. Employers are required to commence ADPP when the employee files an application for disability retirement at least 60 days prior to the payment of ADPP and cooperates with providing medical information, attending medical examinations and the evaluation process established by CalPERS. The 30 day period for the commencement of ADPP shall be tolled by whatever period of time is directly related to the employee's failure to apply for disability retirement or full cooperation with the process. **ADPP cannot be paid to members who are receiving a service retirement allowance.** Contact CalPERS before paying ADPP if the member has applied for Service Retirement pending Industrial Disability Retirement.

When a safety member begins receiving ADPP, any payments made under Labor Code Section 4850 are discontinued. CalPERS will notify the employer when the member has been placed on the retirement roll. The ADPP is then stopped.

When CalPERS begins paying the disability retirement allowance to the member, the amount of the advanced disability payments the employer paid to the member will be deducted from the retroactive portion of the member's retirement allowance. If the retroactive portion does not cover the total amount, CalPERS will reduce the member's monthly allowance by as much as 10% until the balance has been paid (Government Code Section 21419). CalPERS will reimburse the employer for advance disability pension payments by deductions from the member's allowance. ADPP is not considered compensation for

## DISABILITY RETIREMENT OR INDUSTRIAL DISABILITY RETIREMENT

retirement purposes (Government Code Section 20630).

Effective January 1, 2003, legislative bill AB2131 requires the local safety employer to pay advanced disability pension payments until the employee is approved or disapproved for a disability allowance, only if the employee meets specified conditions set forth in this bill (Labor Code Section 4850.4). AB2131 further requires that if an employee's disability application is denied, the local agency and the employee shall arrange for the employee to repay all advanced disability pension payments.

Advanced disability pension payments shall not exceed 50% of the average monthly pay rate for the last three years prior to retirement. If the member plans to choose an optional settlement, the advanced disability pensions payment should be reduced accordingly (Labor Code Section 4850.3).

**COMMUNITY PROPERTY CLAIMS** – In a situation where a community property claim has been filed against a member's account, it is recommended that your agency reduce the ADPP to 25% of the member's average monthly pay rate for the last three years prior to retirement. If CalPERS has notified your agency of the existence of a community property claim and the non-member spouse is awarded a portion of the member's monthly allowance, the amount awarded to the non-member spouse will be paid from the retroactive portion of the member's retirement allowance **before the ADPP is reimbursed to your agency**. If the member's remaining retroactive portion is not sufficient to cover the ADPP, the member's share of the allowance will be reduced by 10% until the total ADPP has been repaid. If the application for disability retirement is denied, the employee is responsible for reimbursing the employer the amount of ADPP received and any repayment plan is decided between the employer and employee.

Since retirement allowances are paid monthly, CalPERS would prefer that the employer make advanced disability pension payments monthly. ADPP should be paid for the preceding month. If the retirement effective date is a day other than the first of the month, the member is entitled to receive retirement pay from the retirement effective date until the end of the month.

### Example:

Retirement Date	Portion of Monthly Allowance to be paid by Employer as ADPP
March 5	27 out of 31 days (27/31)
September 30	1 out of 30 days (1/30)

Please include in the Resolution to CalPERS the following information:

1. Whether or not advanced disability pension payments will be made;
2. Amount of monthly advanced disability pension payment;
3. Amount of the first payment, if retired date is other than the first of the month;
4. Address to send the reimbursement check.

### TRANSMITTAL OF THE AGENCY'S DETERMINATION –

The following resolutions are samples that may be used by your agency in transmitting the required information to CalPERS. All resolutions should state whether or not the employer will be making advance disability pension payments to the member.

## RESOLUTION NO. 1

### DETERMINATION OF A MEMBER'S DISABILITY BY THE GOVERNING BOARD

#### Instructions:

1. If the finding is that the member is not disabled, use only this resolved clause.
2. If the finding is that the member is disabled, use this clause to state whether or not the disability was a result of injury or disease arising out of and in the course of employment.
- 3A. If the finding is that the member is disabled, use this clause if neither the member nor the agency seeks a determination by the Workers' Compensation Appeals Board, pursuant to Government Code Section 21026.
- 3B. Use this clause if a petition has been or will be filed by either party.
- 4A. In the determination of the retirement effective date, use this clause if no dispute exists.
- 4B. In the determination of the retirement effective date, use this clause if the Workers' Compensation Appeals Board has disputed the retirement effective date.
5. Use this clause to state that there is, or is not, a possibility of third party liability; i.e., whether or not the member's disability was caused by negligence or an intentional act of a party other than the employer.
6. Use this clause to state whether or not the member will be paid Advanced Disability Pension Payments, and if so, how much.
7. Use this clause to state the member's primary disabling condition. For psychiatric conditions, a clause stating whether or not the member is competent to act of his/her own behalf in legally binding retirement matters must be included.

# **DISABILITY RETIREMENT OR INDUSTRIAL DISABILITY RETIREMENT**

## **RESOLUTION NO. 1**

### **DETERMINATION OF A MEMBER'S DISABILITY BY THE GOVERNING BOARD**

#### **Instructions:**

3. If the finding is that the member is not disabled, use only this resolved clause.
4. If the finding is that the member is disabled, use this clause to state whether or not the disability was a result of injury or disease arising out of and in the course of employment.
- 3A. If the finding is that the member is disabled, use this clause if neither the member nor the agency seeks a determination by the Workers' Compensation Appeals Board, pursuant to Government Code Section 21026.
- 3B. Use this clause if a petition has been or will be filed by either party.
- 4A. In the determination of the retirement effective date, use this clause if no dispute exists.
- 4B. In the determination of the retirement effective date, use this clause if the Workers' Compensation Appeals Board has disputed the retirement effective date.
8. Use this clause to state that there is, or is not, a possibility of third party liability; i.e., whether or not the member's disability was caused by negligence or an intentional act of a party other than the employer.
9. Use this clause to state whether or not the member will be paid Advanced Disability Pension Payments, and if so, how much.
10. Use this clause to state the member's primary disabling condition. For psychiatric conditions, a clause stating whether or not the member is competent to act of his/her own behalf in legally binding retirement matters must be included.

# DISABILITY RETIREMENT OR INDUSTRIAL DISABILITY RETIREMENT

## RESOLUTION NO. 1

RESOLUTION OF \_\_\_\_\_  
(governing body)  
\_\_\_\_\_  
(agency)  
(Section 21156, Government Code)

WHEREAS, the \_\_\_\_\_ (hereinafter  
(name of agency)

referred to as Agency) is a contracting agency of the Public Employee's Retirement System;

WHEREAS, the Public Employee's Retirement Law requires that a contracting agency determine whether an employee of such agency in employment in which he/she is classified as a local safety member is disabled for purposes of the Public Employee's Retirement Law and whether such disability is "industrial" within the meaning of such Law;

WHEREAS, an application for \_\_\_\_\_  
(disability/industrial disability retirement)/(reinstatement from disability retirement)

of \_\_\_\_\_  
(member's name)

employed by the Agency in the position of \_\_\_\_\_  
(job title)

has been filed with the Public Employees' Retirement System; and

WHEREAS, the \_\_\_\_\_ has reviewed  
(name of governing body)

the medical and other evidence relevant to such alleged disability;

**(1) NOW, THEREFORE, BE IT RESOLVED:**

That the \_\_\_\_\_  
(name of government body)

find and determine and it does hereby find and determine that

\_\_\_\_\_ incapacitated

(member's name) (is)/(is not)  
within the meaning of the Public Employees' Retirement Law for performance of his/her duties in the

position of \_\_\_\_\_; and  
(job title)

# DISABILITY RETIREMENT OR INDUSTRIAL DISABILITY RETIREMENT

## RESOLUTION NO. 1

(2) BE IT FURTHER RESOLVED THAT THE \_\_\_\_\_  
(name of governing body)

find and determine and it does hereby find and determine that such disability \_\_\_\_\_ a result of injury or  
(is) / (is not)  
disease arising out of and in the course of employment.

(3A) Neither said \_\_\_\_\_ nor the agency \_\_\_\_\_ has  
(member's name) (name of agency)

applied to the Workers' Compensation Appeals Board for a determination pursuant to Section 21166 whether  
such  
disability is industrial.

**OR**

(3B) BE IT FURTHER RESOLVED THAT A PETITION \_\_\_\_\_  
(will be filed) / (has been filed)

with the Workers' Compensation Appeals Board for a determination pursuant to Section 21166, Government  
Code; and a copy of such determination \_\_\_\_\_; and  
(is attached) / (will be provided when rendered)

(4A) BE IT FURTHER RESOLVED that the member was, or will be, separated from his/her employment in the  
position of \_\_\_\_\_  
(job title)

after expiration of his/her rights under Section 21164, Government Code, effective \_\_\_\_\_  
(date)

and that no dispute as to the expiration of such leave rights is pending. His/Her last day on pay status is  
\_\_\_\_\_.  
(date)

**OR**

(4B) BE IT FURTHER RESOLVED that the member was separated from his employment in the position of  
\_\_\_\_\_ effective \_\_\_\_\_ the date  
(job title) (date)

upon which the condition causing his/her disability became permanent and stationary as determined by the  
Workers' Compensation Appeals Board in the attached finding. His/Her last day on pay status is  
\_\_\_\_\_.  
(date)

(5) There \_\_\_\_\_ a possibility of third party liability.  
(is) / (is not)

(6) Advanced Disability Pension Payments \_\_\_\_\_ be made. (If payments will be made, provide  
(will) / (will not)  
amount and frequency.) The payments will be made \_\_\_\_\_ in the amount of \$ \_\_\_\_\_  
(bi-weekly, monthly, etc.) (amount)  
beginning \_\_\_\_\_.  
(date)

(7) The primary disabling condition is \_\_\_\_\_. (If condition is psychological,  
(condition)

add the following: The member \_\_\_\_\_ competent to act on his/her own behalf in legally binding  
(is)/(is not) retirement matters.)

# **DISABILITY RETIREMENT OR INDUSTRIAL DISABILITY RETIREMENT**

## **RESOLUTION NO. 2**

### **DETERMINATION OF DISABILITY BY THE OFFICIAL DELEGATE**

This Resolution is made by an Official Delegate appointed by the Governing Body. The Governing Body delegates the authority to determine the disability with a written "Delegation of Authority" (Resolution No. 3). A copy of the "Delegation of Authority" (Resolution No. 3) should be attached to the Determination of Disability (Resolution No. 2).

#### **Instructions:**

- 1A. If the finding is that the member is not incapacitated, use only this resolved clause.
- 1B. If the finding in 1A is that the member is incapacitated, use this clause to state whether or not the member is incapacitated for the usual duties of the position with other California public agencies in CalPERS. If the member is found not to be incapacitated for other California public agencies in CalPERS, indicate whether similar positions with reasonably comparable pay, benefits and promotional opportunities are or are not available to the member.
- 2A. If the finding is that the member is disabled, use this clause if neither the member nor the agency seeks a determination by the Workers' Compensation Appeals Board, pursuant to Government Code Section 21026.
- 2B. If the finding is that the member is disabled, use this clause if a petition has been or will be filed by either party.
- 3A. In the determination of the retirement effective date, use this clause if no dispute exists.
- 3B. In the determination of the retirement effective date, use this clause if the Workers' Compensation Appeals Board has disputed the retirement effective date.
- 4. Use this clause to state that there is, or is not, a possibility of third party liability; i.e., whether or not the member's disability was caused by negligence or an intentional act of a party other than the employer.
- 5. Use this clause to state whether or not the member will be paid Advanced Disability Pension Payments, and if so, how much.
- 6. Use this clause to state the member's primary disabling condition. For psychiatric conditions, a clause stating whether or not the member is competent to act on his/her own

# DISABILITY RETIREMENT OR INDUSTRIAL DISABILITY RETIREMENT

## RESOLUTION NO. 2

(1) Pursuant to the authority delegated to me by action of \_\_\_\_\_  
(governing body)  
of \_\_\_\_\_ (hereinafter referred to as Agency)  
(name of agency)  
dated \_\_\_\_\_, under Section 21173, Government Code, and after review of  
medical and other evidence relevant thereto, I hereby determine that \_\_\_\_\_  
(member's name)  
a local safety member of the Public Employees' Retirement System, employed by the Agency \_\_\_\_\_  
(is)/(is not)  
incapacitated within the meaning of the Public Employees' Retirement Law for performance of his/her duties in  
the position of \_\_\_\_\_  
(job title)

(2A) Pursuant to such authority I also determine that such incapacity \_\_\_\_\_ a result of injury or  
(is)/(is not)  
disease arising out of and in the course of his/her employment as a local safety member. I certify that neither  
the Agency nor the member has filed a petition for determination under Government Code Section 21166, to be  
made by the Workers' Compensation Appeals Board.

OR

(2B) A petition for determination under Government Code Section 21166 whether such disability is the result of  
injury or disease arising out of and in the course of his/her employment by the Agency, in which he/she was a  
local safety member, has been filed with the Workers' Compensation Appeals Board. A certified copy of such a  
determination \_\_\_\_\_  
(is attached)/(will be provided when rendered)

(3A) I hereby certify that the member was separated from his/her employment in the position  
\_\_\_\_\_ after expiration of his/her leave rights under  
(job title)  
Section 21164, Government Code, effective \_\_\_\_\_ and that no dispute as to the  
(date)  
expiration of such leave rights is pending.  
His/Her last day on pay status is \_\_\_\_\_.  
(date)



# DISABILITY RETIREMENT OR INDUSTRIAL DISABILITY RETIREMENT

## RESOLUTION NO. 2

**(3B)** I hereby certify that the member was separated from his/her employment in the position of \_\_\_\_\_ effective \_\_\_\_\_ the day  
(job title) (date)

upon which the condition causing his/her disability became permanent and stationary as determined by the Workers' Compensation Appeals Board in the attached finding. His/Her last day on pay status is \_\_\_\_\_.

**(4)** There \_\_\_\_\_ a possibility of third party liability.  
(is)/(is not)

**(5)** Advanced Disability Pension Payments \_\_\_\_\_ be made. The payments will be  
(will)/(will not)  
made \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ beginning \_\_\_\_\_.  
(bi-weekly, monthly, etc.) (amount) (date)

**(6)** The primary disabling condition is \_\_\_\_\_. (If condition is psychological,  
(condition)  
add the following: The member \_\_\_\_\_ competent to act on his/her own behalf in legally binding  
retirement matters) (is)/(is not)

**RESOLUTION NO. 3-DELEGATION OF AUTHORITY**

RESOLUTION OF \_\_\_\_\_  
(name of governing body)

\_\_\_\_\_  
(name of agency)

WHEREAS, the \_\_\_\_\_ (herein referred to as Agency)  
(name of agency)

is a contracting agency of the Public Employees' Retirement System;

WHEREAS, the Public Employees' Retirement Law requires that a contracting agency determine whether an employee of such agency in employment in which he/she is classified as a local safety member is disabled for purposes of the Public Employees' Retirement Law and whether such disability is "industrial" within the meaning of such Law:

WHEREAS, \_\_\_\_\_ has determined upon legal  
(name of governing body)

advice that it may delegate authority under Section 21173 of the Government Code to make such determinations to the incumbent of the office/position of \_\_\_\_\_  
(title)

NOW, THEREFORE, BE IT RESOLVED:

That the \_\_\_\_\_ delegate and it does hereby delegate  
(name of governing body)

to the incumbent of the office/position of \_\_\_\_\_ authority to make  
(title) determinations under Section

21152(c), Government Code, on behalf of the Agency, of disability and whether such disability is industrial and to certify such determinations and all other necessary information to the Public Employees' Retirement System; and

BE IT FURTHER RESOLVED that such incumbent be and he/she is authorized to make applications on behalf of the Agency for disability retirement of all employees and to initiate requests for reinstatement of such employees who are retired for disability.

# DISABILITY RETIREMENT OR INDUSTRIAL DISABILITY RETIREMENT

## SCHOOL MEMBERS AND LOCAL MISCELLANEOUS MEMBERS

**APPLICATION PROCESS** – The member or individual applying on the member's behalf, other than the employer, is responsible for forwarding all forms to the appropriate party(ies) for completion. [See Employer Originated Application section when applying on member's behalf.]

**ESTIMATE** – The member's first step should be to complete the *CalPERS Retirement Allowance Estimate Request* form, and then send it to the address on the form. CalPERS will send the member an estimate of their allowance options so that the member can make an option election on the application. See a sample form and instructions in the Retirement – General section.

**COMPLETE PACKAGE** – In order for CalPERS to process a request for disability retirement, we must receive a "complete package". A complete package consists of:

- A completed *Disability Retirement Election Application* (PERS-BSD-369-D);
- A completed *Authorization to Disclose Protected Health Information* (PERS-BSD-35);
- A completed *Medical Report* (PERS-BSD-1372) from the member's treating physician with a diagnosis of the disabling condition, including information about how it prevents the member from performing his/her job duties (an incomplete form will delay the review process);
- A *Request for Employee Information and Job Description* (PERS-BSD-64) with the job description/job analysis attached (The BSD-64 must be used as a cover sheet for the job description and any other documents the employer submits to CalPERS) **[Submission of the job description should not be delayed for completion of the BSD-194. Employers should return the BSD-194 as soon as information is available];**
- Physical requirements of Position/Occupational Title (PERS01M005DMC)

- A completed *Workers' Compensation Carrier Request* (PERS-BSD-92) from the insurance carrier with medical records attached related to the claimed disability.

All the forms needed are included in a "A Guide To...Completing Your CalPERS Disability Retirement Election Application" (PERS-PUB-35). The member should read the entire publication prior to completing any forms so that the information submitted is complete and accurate. This will assist CalPERS in making a determination in a timely manner.

**NOTE:** It is the member's responsibility to follow up with the employer, workers' compensation carrier, and treating physician(s) to ensure that the requested information is submitted to CalPERS.

**APPLICATION** – When the member submits the "Disability Retirement Election Package" (PERS-BSD-369-D), the following sections must be completed:

Sections 1 – 7 and 9 & 10 – Completed by Member or someone on member's behalf.

Section 2 – Member does *not* need to designate a retirement date to begin the process *unless* requesting a service pending disability or industrial disability retirement.

Section 5 – Member *must* select an option, *and to make an informed decision, they must first request an estimate.*

Section 10 – Member's signature *must* be witnessed by a CalPERS representative or notarized.

**DETERMINATION** – The disability decision is based upon competent medical opinion and all medical and vocational information provided by the member, employer and workers' compensation carrier is considered in the determination. The determination is based on actual/present disability, not prospective inability to perform the job duties. In the event that medical information supplied to CalPERS is insufficient to make a determination, CalPERS may arrange an Independent Medical Examination.

# DISABILITY RETIREMENT OR INDUSTRIAL DISABILITY RETIREMENT

**NOTE:** Generally, the disability determination can be made within three months after CalPERS receives all required information for a complete package. However, if additional information is needed, this will extend the review process.

If the member is found to be disabled due to a mental disorder, competency will be decided based on medical opinion. Conservatorship or a valid "Power-of-Attorney" may be required before benefits are payable. For "Power-of-Attorney" instructions, please refer to the PERS-PUB-30.

## RETIREMENT EFFECTIVE DATE

If the application was received within 9 months after discontinuance of employment, the effective date of disability retirement will be the day following the last day of payroll rather than the first of the month in which the application was received.

In the case of an application for retirement for disability filed with the Board more than nine months after discontinuance of the member's state service, the effective date of the application shall be determined in accordance with Government Code Section 20160.

If a member has been approved for disability retirement, the law states the member must be retired immediately. The member may, unless contrary to local rules or regulations, remain on pay status to use sick leave and/or compensating time off that a person is entitled to is a matter that must be resolved by each employer.

## MEMBER ALTERNATIVES FOLLOWING THE DISABILITY DETERMINATION

When the member has been found to be "disabled", the member will be notified of the finding and advised that he/she must be retired immediately. *The member cannot cancel the application for disability retirement after disability has been determined.* However:

1. If the member is also eligible and applies to retire for service (prior to the effective date of retirement for disability or within 30 days of notification of disability approval), the member may be retired for service.
2. The member may also elect to separate from employment and accept a refund of accumulated contributions in lieu of all future rights and benefits under the System.

3. The member may appeal the determination directly to the employer for local safety members and to CalPERS for miscellaneous members.

When the member has been found to be "not disabled" and the application is denied, the member will be notified of the finding and provided the opportunity to appeal the decision.

**NOTE:** All appeals must be submitted in writing directly to CalPERS within 30 days from the date of the notification letter.

CalPERS is subject to the Administrative Procedures Act (APA) and the governing body of the contracting agency (or its authorized representative) acts as a delegate of the CalPERS Board of Administration. In making the determination of substantial incapacity/disability; therefore, the contracting agency is bound by the APA in the same manner as the CalPERS Board. So, in case of an appeal to the determination, the dispute must be heard by an administrative law judge of the State Office of Administrative Hearings.

The APA is set forth in the Government Code and the statutes describe the requirements and methods for conducting an administrative hearing. If the contracting agency determines that the member is not incapacitated for the performance of duty, it shall notify the member and CalPERS of this determination. The determination should be sent to the member by certified mail (return receipt requested) giving the member a specified time period in which to appeal and request a hearing. This is proper due process. Please refer to the APA Sample Procedural Resolution on the following pages.

**RESOLUTION NO.**

RESOLUTION OF THE CITY COUNCIL OF THE CITY OF \_\_\_\_\_ ESTABLISHING A  
PROCEDURE FOR INDUSTRIAL DISABILITY RETIREMENT DETERMINATIONS OF  
LOCAL SAFETY OFFICER EMPLOYEES OF THE PUBLIC EMPLOYEES' RETIREMENT  
SYSTEM

BE IT HEREBY RESOLVED by the City Council of the City of \_\_\_\_\_ that following  
the filing of an application for industrial disability retirement by a local Safety Officer under the California  
Public Employees' Retirement System the following procedures shall be employed:

1. An initial determination will be made by the City upon medical and other available evidence offered by either the applicant or the City to determine whether the applicant is incapacitated from the performance of duty. The determination shall be made within six months of the date of the receipt by the City from CalPERS unless this time requirement is waived in writing by the applicant. Said determination shall be made by (employer or other person such as risk manager, personnel director, etc.) designated by the (City Manager, City Council, Mayor, etc)
  - A. If it is determined by the city that the applicant is incapacitated, and the incapacity is industrial, the city manager (or appropriate authority) will so certify to CalPERS.
  - B. If it is determined that the applicant is incapacitated but that the cause of incapacity is nonindustrial, the city manager (or appropriate authority) will so certify to CalPERS.
  - C. If it is determined that the applicant is incapacitated, but the applicant contends that the cause of disability is industrial, the applicant may petition the Workers' Compensation Appeals Board (WCAB) for Find of Fact determining causation. If the WCAB determines the cause of incapacity to be industrial, or nonindustrial, the City will so certify to CalPERS.
  - D. If the city determines that the applicant is not incapacitated from the performance of duty, it shall notify the applicant and CalPERS of this determination. The city shall notify the applicant by certified mail (return receipt requested) or by personal service of his/her right to appeal their decision and request a hearing within thirty calendar days of the notice.
2. If the applicant requests a hearing, the hearing shall be held in conformity with the Administrative Procedures Act. When an applicant requests a hearing, the city will notify CalPERS. The city will also notify the Office of Administrative Hearings and will request a hearing date and a prehearing conference with an Administrative Law Judge. The applicant will be informed that the hearing will be held at the time and place designated by the Office of Administrative Hearings which shall set a hearing date and prehearing conference.
 

The hearing shall be conducted before the (city manager, city council, personnel board, other designated fact finder, etc. as designated by ordinance) with the Administrative Law Judge acting as the presiding officer.

An administrative record shall be generated at the hearing pursuant to the Administrative Procedures Act. All testimony shall be recorded by a Certified Shorthand Reporter.

Following the hearing a decision and findings of fact will be made by (same as above, i.e. city manager, city council, personnel board, other designated fact finder, etc.). The decision and findings will be served on the applicant by certified mail and CalPERS will be notified  
OR

The hearing shall be conducted before the Administrative Law Judge alone.

An Administrative record shall be generated at the hearing pursuant to the Administrative Procedures Act. All testimony shall be recorded by a Certified Shorthand Reporter.

Following the hearing the Administrative Law Judge (ALJ) prepares a Proposed Decision. The decision will include a determination of issues, findings and summary of facts. The Proposed Decision will be reviewed by (Same as above, i.e. city manager, city council, personnel board, other designated fact finder, etc.). The decision will be adopted by the city as its decision; or the city will reject the decision and make its own decision without hearing additional evidence; or the city will reject the ALJ decision based on additional evidence (additional hearing with ALJ to hear evidence). The decision and findings will be served on the applicant by certified mail and CalPERS will be notified. If applicant is found to be incapacitated the city shall so certify to CalPERS. If applicant is found not to be incapacitated the applicant will be further advised that he or she has thirty calendar days to seek judicial review. Such review is by means of filing a Petition for Writ of Mandate, CalPERS will be notified.

If applicant is found to be incapacitated the city shall so certify to CalPERS. If applicant is found not to be incapacitated the applicant will be further advised that he or she has thirty calendar days to seek judicial review. Such review is by means of filing a Petition for Writ of Mandate in the Superior Court of \_\_\_\_\_ County.

Upon receipt of notice that applicant has filed a Petition for Writ of Mandate in the Superior Court of \_\_\_\_\_ County, or upon expiration of thirty calendar days where applicant has not filed a Petition for Writ of Mandate, CalPERS will be notified.

Upon receipt of Writ of Mandate in the Superior Court of \_\_\_\_\_ CalPERS will be notified.

# DISABILITY RETIREMENT OR INDUSTRIAL DISABILITY RETIREMENT

## GENERAL DISABILITY CALCULATION

You can get an idea of what the member's monthly unmodified disability retirement allowance will be. To do so, you need to know three things:

- How many years of service credit the member has;
- The benefit factor (1.8 percent for public agency and school members, or 1.35 percent for the local 1.5 percent at 65 formula); and
- The final compensation and whether to figure it on a 12 or 36 month basis.

Find the benefit factor and years of service credit in the following groupings. Then follow the instructions using the worksheet at the top of the next column.

### Local Public Agency and School Members

A Local Public Agency Miscellaneous or School Member must have **at least five years** of service credit to be eligible for disability retirement.

If the member has between **five and 10 years**, **OR 18 ½ or more years** of service credit, multiply the years of service by **1.8 percent** to determine the percentage of final compensation.

If the member has between **10 and 18 ½ years** of service credit, **add** to that figure the number of years **until the member will be age 60** and multiply the **TOTAL** by **1.8 percent** to determine the percentage of final compensation. (The maximum percentage allowable is 33 ⅓ %).

### THEN

Multiply the percentage of final compensation by the highest consecutive **12 or 36 month** average monthly salary to find the Unmodified Allowance. **(If the member is eligible for service retirement, the member will receive the higher allowance payable, service or disability.)**

## Figuring the Disability Allowance Worksheet

Years of Service	Benefit Factor	% of Final Compensation
_____	X _____%	= _____%
% of Final Compensation	Final Compensation	Retirement Allowance
_____%	X \$ _____	= \$ _____

### Other Local Public Agencies

If you contract for the 1.5 percent at 65 formula, the member must have **five years** of service credit to be eligible for disability retirement.

If the member has between **five and 10 years**, **OR 24.692 or more years** of service credit, multiply the years of service by **1.350 percent** to determine the percentage of final compensation.

If the member has between **10 and 24.691 years** of service credit, **add** to that figure the number of years **until the member will be age 65** and multiply the **TOTAL** by **1.350 percent**. (The maximum percentage allowable is 33 ⅓ %).

### THEN

Multiply the percentage of final compensation by the highest consecutive **12 or 36 month** average monthly salary (depending on employer's contract) to determine the Unmodified Allowance. **(If the member is eligible for service retirement, the member will receive the higher allowance payable, service or disability.)**

## **DISABILITY RETIREMENT OR INDUSTRIAL DISABILITY RETIREMENT**

### **CANCELLATION OF APPLICATION**

If a member desires to cancel the disability retirement application, other than an employer originated application, the request **MUST BE** made in writing to be valid. The member's signature is required. A cancellation is binding; the member must thereafter re-apply whenever he/she is ready to retire. If the disability is approved, please refer to the Member Alternatives Following Disability Determination section for more information.

### **SUBROGATION**

Under the law, if someone, other than the employer, caused an injury that results in disability retirement benefits being paid to the member, CalPERS has the right to recover up to one-half of the total retirement benefit costs from the

responsible party. This is known as the "right of subrogation".

If the member pursues a claim against any person for the same injuries that also entitles the member to a disability retirement from CalPERS (other than a Workers' Compensation claim or an uninsured motorist claim), the member must inform CalPERS.

This is true even if the claim has not yet resulted in a court action. CalPERS has the right to participate in the claim through filing its own action against the responsible party, intervening in the claim, or filing a lien against any judgment recovered.

If such a claim is settled without notifying CalPERS, we may also be entitled to file a lawsuit against the member for recovery under our subrogation rights.



**NOTE:** To avoid unlawful employment situations, it is imperative the employers follow the correct retirement laws, defined below. These laws may apply to both service and disability retirees. Failure to follow the appropriate retirement law may result in administrative penalties to the member and employer.

## General Rule

Government Code Section 21220 provides that a person retired from service or disability, receiving a monthly allowance from this System, shall not, except as otherwise provided, be employed in any capacity thereafter by a CalPERS employer unless the member has first been reinstated from retirement. **Any person employed in violation of this Section shall be reinstated to CalPERS membership as of the date the unlawful employment began.**

The person will be required to:

1. Reimburse CalPERS for any retirement allowance received during the period of employment in violation.
2. Pay CalPERS employee contributions that should have been paid during the period of unlawful employment, plus interest.
3. Pay toward reimbursement to CalPERS for administrative expenses incurred in handling the situation.

The employer who employs a retired person in violation of the law will be required to:

1. Pay CalPERS employer contributions, which should have been paid during the period of unlawful employment, plus interest.
2. Pay toward reimbursement to CalPERS for administrative expenses incurred in handling the situation.

## EXCEPTIONS TO GENERAL RULE

Under the following provisions, reinstatement from retirement is not required (except as noted), and no employee or employer contributions should be made to CalPERS. It is **both** the employer's **and** the employee's responsibility to monitor the employment as to whether reinstatement is required.

## ELIGIBILITY TO WORK FOR A CALPERS EMPLOYER

Employment with a CalPERS employer is not allowed if the retiree is under 'normal retirement age' unless both of the following conditions are met:

- (1) There was no agreement to return to work as a retiree between the member and the employer before the member retired, and
- (2) There is a 'bona fide' break in service of 60 days between the member's retirement date and the date the retiree's employment will begin.

"Normal retirement age" is the age named in the member's retirement Benefit Formula. For example, the "normal retirement age" for a 2% @ 55 Benefit Formula is 55 (age 65 for 1.25% @ 65). If the member has more than one Benefit Formula, the highest Benefit Formula age applicable to the member is used. For example: If the member's retirement benefit was calculated based on two different retirement formulas, the 2% at 55 as a miscellaneous member and the 3% and at 50 as a safety member, age 55 would be normal retirement age since it is the highest age.

**Example:** Joe Smith is a state/school miscellaneous member who retired June 30, 2004 at age 52 with 20 years of service. He's retired with 2% at 55 Benefit Formula. Because he has not reached his 'normal retirement age' of 55, i.e., his Benefit Formula age of 55, he will be eligible to work for his former employer only if both of the following conditions are met: (1) there was no agreement (written or verbal) between him and the employer for him to work as a retiree before he retired and, (2) he does not begin the retiree employment until 60 days after his retirement date.

This restriction is per Government Code section 21220.5 and was added to CalPERS' law in 2004 to comply with IRS tax regulations prohibiting in-service distributions of pension benefits. The only exception to the section 21220.5 restrictions for retirees under normal retirement age is in emergency situations as defined in Government Code section 8558.

If the retiree is at or above the 'normal retirement age' as noted above, the section 21220.5 restrictions above do not apply.

A retiree may work for a CalPERS employer (an employer who contracts with CalPERS for retirement benefits) as a temporary employee only as specified in CalPERS' law.

## **School Employers and California State University (CSU) Non-academic Retirees\***

A retired person may be employed upon temporary appointment by a school employer or by the Trustees of the California State University either (1) during an emergency to prevent stoppage of public business or (2) because the retired employee has skills needed in performing specialized work of limited duration if that service does not exceed a total of 960 hours for all such employers in any fiscal year. **Exception:** Depending upon the position, the CSU employer may determine that a retiree's 960 hour limit will be tracked by calendar year instead of a fiscal year for work in a non-academic position.

The rate of pay for retirees employed under this section may not be less than the minimum nor exceed that paid by the employer to other employees performing comparable duties (Government Code Section 21229).

## **6. Appointive Positions\***

- a) The Governor, director of a state department, Speaker of the Assembly, the President pro Tempore of the Senate or the governing board of a contracting agency, may appoint any retired member to serve as a member of any salaried or non-salaried board, commission or advisory committee (Government Code Section 21221(a)).
- b) The governing body of a contracting agency may appoint a retired person as an appointive member of the governing body; compensation for that office cannot exceed \$100.00 per month (Government Code Section 21221(e)).
- c) The Legislature, or either house, or a legislative committee may appoint any retired person to a position deemed by the appointing power to be temporary in nature (Government Code Section 21221(f)).

- d) The governing body of a contracting agency may appoint a retired person to a position, found by resolution by its governing body to be available because of a leave of absence granted a person on payroll status, and found by the governing body to require specialized skills. This temporary employment shall terminate at the end of the leave of absence and cannot exceed a period of one year. Appointments under this section shall be reported to CalPERS and shall be accompanied by the resolution adopted by the governing body (Government Code Section 21221(g)).

## **7. Elective Positions\***

Any retired person may serve as an elective officer without reinstatement from retirement, however, any part of the retirement allowance based on previous service in that same elected office shall be suspended during incumbency in such office (Government Code Sections 21221(d), 21222).

## **EMPLOYMENT OF RETIRED SCHOOL TEACHERS BY SCHOOL DISTRICT**

School districts considering employment of retired school teachers should refer to sections 45134, 45135, 59007, 59113, 88033, and 88034 of the Education Code concerning the restrictions of such employment.

## **EMPLOYMENT BY A NON-CALPERS EMPLOYER\***

A retired person receiving a monthly allowance from this System may be employed by any employer not participating with this System without being reinstated from retirement. A disability retirement pension (except in the case of Industrial

Disability Retirement may be subject to reduction during such employment, depending upon the salary of the new position, until the retired person attains the minimum age for voluntary service retirement applicable to the member's classification. *It will be the responsibility of the retiree to report to CalPERS any salary earned with a non-CalPERS employer.*

## **EMPLOYMENT OF A RETIREE AS AN "INDEPENDENT CONTRACTOR"**

Many "contracts" or "employment agreements" entered into by retirees and employers and purported to give the retiree the status of an "independent contractor" are, upon review by CalPERS, found not to qualify the retiree as an independent contractor under California contract law.

If CalPERS determines the contract is not within the guidelines for an "independent contractor" after the retiree has entered into employment, the consequence of such employment is that the retiree is "illegally hired" and, therefore, subject to mandatory reinstatement from retirement. Such reinstatement is retroactive to the start date of the illegal employment and the retiree is liable for reimbursement of all retirement allowances received during the period of illegal employment. In addition, administrative penalties will be assessed to the employer.

**Therefore, the employer must submit the contract or employment agreement prior to the retiree accepting the employment.**

To request approval for employment of a retiree as an independent contractor, please submit your request along with a copy of the proposed contract or employment agreement to the Benefit Services Division (BNSD). (Refer to "Division P.O. Box and Zip Code Information" in the General Section of this Handbook for the address.)

Direct specific questions about employment of a retiree as an independent contract to the Actuarial and Employer Services Division (AESD) at (888) CalPERS (225-7377) or letter. (Refer to "Division P.O. Box and Zip Code Information" in the General Section of this Handbook for the address).

## **EMPLOYMENT OF A DISABILITY RETIREE\***

**NOTE:** For Temporary employment not to exceed 960 hours, see Temporary Employment section under Exceptions to General Rule on previous page.

The Board may approve CalPERS reemployment without reinstatement for a member who is receiving a disability retirement allowance and who is offered a specific job in a position that is significantly different from which the member retired. Such employment cannot begin prior to the Board's approval (Government Code Section 21228).

To request reemployment approval, the retiree must submit:

1. Written request specifying reemployment under Government Code Section 21228;
2. Letter of intent to hire from the prospective employer;
3. Current copy of the job description for the prospective position;
4. Current report from the treating physician stating the job description was reviewed, the member was examined and found able to fully perform the tasks of the job description without limitation or restrictions.

The "Request for Reemployment, Government code 21228" form may be used in lieu of separate letters from the member and employer. Refer to sample form on the following page.

Upon approval of the reemployment, the retiree will be required to report monthly earnings to CalPERS, as the disability retirement pension is subject to an earnings limit for as long as the employment continues.

**\*NOTE:** No employee or employer contributions are made to CalPERS for these types of employment.

**For specific questions concerning employment of a CalPERS' retiree, contact the Benefits Services Division at (888) CalPERS (1-888-225-7377).**



Benefit Services Division, P.O. Box 2796, Sacramento, CA 95812-2796  
Telecommunications Device for the Deaf – (916) 795-3240  
(888) CalPERS (225-7377) • FAX (916) 795-1280

Reply to: Unit 432  
Refer to: **[SSN]**

## REQUEST FOR REEMPLOYMENT GOVERNMENT CODE 21228

### Member Certification

This letter is a formal request for my reemployment under Government Code Section 21228 into a miscellaneous employee classification position while remaining a disability retiree from my former position. I understand that my employment while retired for disability is subject to an earnings limitation so that the total of the pension portion of my retirement allowance and the new earnings will not exceed the current (gross) salary of the former job from which I retired. I also understand that I must keep CalPERS advised of any changes in my salary or employment.

Enclosed is a description of the job duties for the new position and a medical report signed by my physician certifying that he/she has examined me, reviewed the position duty statement, and finds that I am able to perform all the tasks without restriction or limitation.

I have been offered a position as a \_\_\_\_\_ with the  
Job Title

\_\_\_\_\_  
Employer Name

My proposed hiring date is \_\_\_\_\_.

\_\_\_\_\_  
Member's Signature      Date      (\_\_\_\_\_) Telephone Number

\_\_\_\_\_  
Street Address      City      State      Zip

### Employer Certification

It is the intent of \_\_\_\_\_ to hire \_\_\_\_\_  
Name of Employer      Name of Member

for the position of \_\_\_\_\_ pursuant to Government Code Section 21228.  
Job Title

**This offer is contingent upon written approval from CalPERS.**

\_\_\_\_\_  
Authorized Signature      Title      Date

(\_\_\_\_\_) \_\_\_\_\_  
Telephone Number

**EXTENSION OF THE 960-HOUR PER YEAR  
EMPLOYMENT LIMIT FOR PUBLIC AGENCY & SCHOOL  
MEMBER RETIREES**

Government Code section 21221 (h) provides for an extension of employment for greater than 960 hours under limited circumstances, however, the total duration of an appointment cannot exceed one year or twelve months.

**How to request a GCS 21221 (h) extension for employment:**

For public agency retirees, the governing body of the public agency employer must request the extension; for school member retirees, the county board of education (not the school district) must request the extension. The request must be accompanied by a resolution, passed by the governing body of the employer. Please see the attached sample of resolution.

The request and resolution must be received before the retiree reaches his/her 960-hour limit and contain the following information:

1. Name, social security number, and CalPERS' retirement date of the retiree,
2. The title of the position in which the retiree is employed and for which the extension is requested,
3. The appointment date of the retiree to that position (date the 960 hrs began),
4. The approximate date on which the 960-hour maximum will be reached,
5. The specific reason (s) for the extension request,
6. The number of additional hours of employment requested for the extension.

**SENATE BILL (SB) 1439**

Effective January 1, 2005, Senate Bill (SB) 1439 amended Government Code Section 21224 (all subsequent references are to the Government Code) changing the process for hiring retired annuitants.

Section 21224 provides that a person retired from CalPERS covered service is allowed to be rehired into CalPERS covered employment as a retired annuitant and work up to 960 hours in a

calendar year without the loss of retirement benefits.

SB 1439 amended section 21224 to include provisions that prohibit a retired annuitant from returning to CalPERS covered employment if, during the 12-month period prior to an appointment, the retired annuitant received unemployment insurance compensation based upon his/her prior CalPERS covered employment as a retired annuitant.

The intent of this amendment was to stop retired CalPERS covered employees from collecting three public stipends: a retirement allowance, salary for work up to 960 hours per calendar year, and unemployment insurance compensation after the 960 hour limit had been reached.

A new process for hiring a retired annuitant was developed in coordination with the Department of Personnel Administration (DPA) and the Employment Development Department (EDD).

To determine each retired annuitant's eligibility for employment with a CalPERS covered employer, the retired annuitant should be provided the following two forms to complete.

**Retired Annuitant Self Certification Form**

DPA Form 715, a Retired Annuitant Self-Certification form, can be downloaded off of the Department Personnel Administrations website at [www.dpa.ca.gov](http://www.dpa.ca.gov).

**EDD Form DE 1181**

EDD Form DE 1181 form, can downloaded off of the Employer Development Departments website at [www.edd.ca.gov](http://www.edd.ca.gov).

Employees with questions should contact their respective Personnel Office for more information.

Questions regarding employment of a retiree should be directed to the Employer Contact Center at 1-888-225-7377.

If you wish to hire a retired person in a permanent position rather than a temporary position, the retired person must reinstate from retirement.

**The retired person must be approved for reinstatement prior to being hired as a regular employee.** Please contact the Benefit Services Division at (888) CalPERS (225-7377) if you have questions regarding reinstatement or refer to the publication "Reinstatement From Retirement" (PERS-PUB-37).

**IMPORTANT NOTE:** Please be aware that reinstatement to an employer other than the one the member retired from could change the benefits the member was previously entitled to receive. The member should contact the employer's personnel office and clarify any questions they have about health benefits, vision care, dental care and death benefits that they offer their employees and retirees.

Reinstatement from retirement affects the cost-of-living adjustment (COLA) benefits the member will be entitled to receive in the future. COLA is determined based upon the year in which the member retires. Reinstatement will change the base year of the future retirement, and will, therefore, also change the date the member will be entitled to begin receiving future COLAs. To be retired again following the member's reinstatement, they must submit a new application for retirement. The member should contact their employer's personnel office or CalPERS prior to retirement to obtain the correct application document.

### SERVICE RETIREMENT

The Board, pursuant to the provisions of Government Code Section 21196, may reinstate a person who has been retired under this System for service upon:

1. CalPERS' receipt of the completed **Reinstatement From Service Retirement Application** (PERS-BSD-145) form. This form is enclosed in the **Reinstatement From Retirement** (PERS-PUB-37) booklet.

2. The member is responsible for completing Sections A and C. Section B must be completed by a Human Resource representative of the employer offering the permanent position.

A person who has been retired under this System for service, following an involuntary termination of the person's employment, and who is subsequently reinstated to such employment by action on or after October 1, 1965, pursuant to an administrative or judicial proceeding, shall be returned to employment status for the period specified by the judgment. The requirements of Section 21196 shall not apply in this case (Government Code Section 21198).

A person who has been retired under this System for service may be reinstated from retirement pursuant to this article without regard to the requirements of Section 21196, upon the retiree's application to the Board, if upon reinstatement, the retiree will be appointed by the Governor to any state office or employment (Government Code Section 21199).

**Reinstatement is not effective retroactively unless the retired person is working illegally** (Refer to "Employment of a Retiree" in this section). The effective date of such reinstatement shall be the first day of compensated employment **following approval of reinstatement** and the service credit at the time of original retirement will be restored in full (Government Code Section 21196).

When a person is reinstated from retirement, the retirement allowance is cancelled and the retiree becomes a member of the System as of the date of reinstatement. The retiree's individual account shall be credited with the actuarial equivalent of the retiree's annuity at the date of reinstatement, not to exceed the amount of accumulated contributions at the date of retirement (Government Code Section 21200).

## DISABILITY RETIREMENT

1. The Board may require any member receiving a disability retirement allowance, under the minimum age for voluntary retirement for service, to undergo a medical examination. If the Board determines that such recipient is not incapacitated for duty, the agency shall be notified that such person is eligible for reinstatement to duty. The fact that the member was retired for disability does not prejudice any right to reinstatement to duty, which the member may claim. The member's disability retirement allowance will be canceled on the effective date of the employer's job offer (Government Code Sections 21192 and 21193).
2. Any retiree may request approval from CalPERS to **reinstate**, whereby the retirement allowance is canceled and the member resumes active member status, including earning additional service credit towards his/her subsequent retirement.

To request approval, the member must:

- Complete Section A of the "Request for Reinstatement from Disability/Industrial Disability Retirement" form (PERS01M0036DMC) found in the "Reinstatement from Retirement" booklet (PERS-PUB-37);
- Provide a current job description for the position; and
- Provide a current statement from his/her treating physician that indicates the job description was reviewed and the member was examined and is found able to fully perform the tasks of the job description without limitation or restrictions.

**If the member is requesting reinstatement into a different position than from which they retired, the prospective employer must complete Section C stating their intent to hire the member upon CalPERS approval (Government Code sections 21192 and 21193).**

3. A member retired for **industrial disability** may request approval from CalPERS to reinstate to a position which is classified as miscellaneous. **To request approval, the member must:**

- **Complete Sections A and B of the "Request for Reinstatement from Disability/Industrial Disability Retirement" form (PERS01M0036DMC) found in the "Reinstatement from Retirement" booklet (PERS-PUB-37);**
- **Provide a current job description for the position; and**
- **Provide a current statement from his/her treating physician that indicates the job description was reviewed and the member was examined and is found able to fully perform the tasks of the job description without limitation or restrictions.**

**The prospective employer must:**

- **Complete Section C stating their intent to hire the member upon CalPERS approval (Government Code Sections 21192 and 21193);**
- **Furnish a "Notice of Intent to Hire under Government Code Section 21197" to the employer from which the member is currently retired.**

Upon subsequent retirement, the member's allowance will be recalculated based on the highest final compensation period during employment using the same benefit formula for industrial disability and adding an annuity for the additional time worked after reinstatement. If the member is eligible for a service retirement after the miscellaneous employment, the member may receive whichever allowance is greater, but will retain the industrial disability retirement classification (Government Code Section 21197 and 21200).

4. If the member whose disability retirement has been canceled does not re-enter CalPERS covered employment, an amount which is the actuarial equivalent of the member's annuity at cancellation shall be credited to the individual account, and shall be refunded unless the member is eligible to elect, and does elect, to allow his/her accumulated contributions to remain in the retirement fund (Government Code Section 21172).

## NOTIFICATION OF CHANGE IN BENEFICIARY STATUS

It is important for a retired annuitant to notify CalPERS when any one of the following qualifying events occurs because his or her designated beneficiary's entitlement to certain CalPERS benefits could be affected:

- Marriage or domestic partnership of the retired annuitant.
- Legal separation, dissolution or annulment of marriage or termination of domestic partnership of the retired annuitant if initiated after the designation was filed.
- Birth or adoption of a child.

Should any one of these events occur, a retired annuitant's existing beneficiary designation for the balance of Option 1 contributions, the lump sum death benefit, or the balance of Temporary Annuity payments are automatically revoked. Once the designation is revoked, benefits will be paid to the statutory beneficiaries in the following sequence:

1. To the annuitant's spouse/domestic partner, or if none
2. To the annuitant's natural or adopted children, share and share alike, or if none
3. To the annuitant's parents, share and share alike, or if none
4. To the annuitant's brothers and sisters, share and share alike, or if none
5. To the annuitant's estate, if probated. If the estate does not require probate, but there is a trust, benefits will be paid to the trust. If there is no trust, benefits will be paid to the annuitant's surviving next of kin in the order prescribed by law.

A retired member may designate a new beneficiary by contacting CalPERS' Benefit Services Division to obtain the Form Changing your Beneficiary or monthly Benefits after Retirement (PERS-PUB-98) which includes Post Retirement Lump Sum Beneficiary Designation Form (PERS-BSD-509) form, and by returning the completed form to CalPERS. **If the retired member wants his or her statutory beneficiary(ies) to receive the benefits payable, there is no need to file a PERS-BSD-509P. However, filing PERS-BSD-509P may help us locate the person(s) upon the member's death.**

The member's spouse is required to sign the PERS-BSD-509P acknowledging the designation made by the member. If the member does not certify that they have no spouse/domestic partner or the document does not include the spouse/domestic partner signature, a justification for absence of spouse/domestic partner signature must be completed and submitted with their designation.

**Note:** A member's designation and benefit entitlement to any lump sum death benefit may be by any domestic relations court order, which awards a current or ex-spouse/domestic partner a community property interest in the member's CalPERS retirement account.

For an explanation of the limited situations under which members may change their optional settlement of beneficiary designation after retirement, please see the section entitled "Changing Optional Settlements and Beneficiary Designations".

A survivor or beneficiary who is receiving an allowance following the death of the retired member may designate a beneficiary to receive any unpaid allowance by requesting and filing a Designation for Beneficiary's or Survivor's Prorated Allowance (PERS-PRS-509B) form with CalPERS' Benefit Services Division. **Please reference the sample PERS-BSD-509-A and PERS-BSD-509B forms on the following pages.**

## QUALIFYING FOR POP-UP BENEFITS

If the member elected the Option 2 or 3 benefit on or after January 1, 1990, the member's allowance will increase to a higher allowance, if one of the following events occurs:

- The member's beneficiary dies.
- The member's Option 2 or Option 3 beneficiary is the member's spouse/domestic partner and they divorce, legally separate, annul their marriage, or terminated domestic partnership and they provide CalPERS with a copy of their judgment that awards the member the entire community property interest in their CalPERS benefits.



**QUALIFYING FOR POP-UP BENEFITS CONTINUED-**

- The member's non-spouse beneficiary waives entitlement to the Option 2 or 3 benefit by filing a Non-Spouse Disclaimer of CalPERS Benefits form that is provided.

If the member's retirement date is before January 1, 1990, and one of the three events listed above occurred less than 10 years following their retirement date, the member's allowance may be increased to the actuarial equivalent of the Unmodified allowance.

If the member's retirement date is before January 1, 1990, and one of the three events occurred more than 10 years following their retirement date, they are not entitled to an allowance increase.

There is no pop-up increase if the member elected Option 2W or 3W (W=waived pop-up).

If the member feels they are entitled to an increase, they should request a PERS-PUB-98, which contains a Request for Option 2 or 3 "Pop-Up" increase form.

**POP-UP EFFECTIVE DATE****Beneficiary Death**

- The member's allowance will increase to a higher allowance effective on the first of the month following their beneficiary's month of death.
- Dissolution of Marriage, Legal Separation, Annulment or termination of domestic partnership.

The member's allowance will be increased to a higher allowance effective the first of the month following our receipt of the judgment awarding them total interest in their CalPERS benefit. If the court order or marital settlement or marital settlement agreement does not mention the CalPERS account, it must be submitted with a signed notarized copy of the Release of Community Property Interest in CalPERS Benefits (PERS-BSD-343) form,

completed by the member's ex-spouse/domestic Partner beneficiary.

**Non-Spouse Beneficiary Disclaimer**

The member's beneficiary will be asked to sign a Non-Spouse disclaimer of CalPERS Benefit form that will be provided by CalPERS upon request, which must be signed, notarized and approved by CalPERS.

The member's allowance will increase effective the first of the month following CalPERS' receipt of the properly completed and notarized Non-Spouse Disclaimer of CalPERS Benefits form.

**CHANGING BENEFICIARY DESIGNATIONS & MODIFYING YOUR LIFE OPTION AND/OR LIFE OPTION BENEFICIARY**

1. A retired member who elected the Unmodified Allowance or Option 1:

- a. May change the beneficiary for the lump sum retired death benefit Option 1 or balance of Temporary Annuity at any time.

A member can also modify their current retirement election and name a new beneficiary for a lifetime option allowance after a qualifying event (as described below), and provided their current lifetime option beneficiary is not a former or legally separated spouse/domestic partner who has community property interest in their CalPERS retirement benefit.

Electing a modification of option reduces the member's current allowance. The amount of the member's allowance reduction depends upon the member's age and the age of their new beneficiary at the time of the election. Modifying a member's option is also referred to as a "recalculation of option".

**QUALIFYING EVENTS**

The following are events that we allow the member to modify their allowance or retirement option.

**Death of Option beneficiary-**

If the member elected:

Unmodified Allowance or Option 1

- The death of their beneficiary is not a qualifying event.

Option 2, 2W, 3, 3W, or 4

- The member can modify their election of the Option 2, 2W, 3, 3W, or 4 to another option and name a new beneficiary.

**Member's Marriage/Registered Domestic Partner**

If the Member elected:

**Unmodified Allowance**

- The member can modify their election of the Unmodified Allowance to an Option 1, 2, 2W, 3, 3W, or 4 and name their current spouse/domestic partner as beneficiary.

**Option 1**

- The member can modify their Option 1 to an Option 2, 2W, 3, 3W, or 4 and name their current spouse/domestic partner as beneficiary.

**Option 2, 2W, 3, 3W, or 4**

- If member has a former spouse/domestic partner and they are not the Option 2, 2W, 3, 3W, or 4 beneficiary, they can modify their election to an Option 1, 2, 2W, 3, 3W, or 4 and name their current spouse/domestic partner as beneficiary.

NOTE: If the member's former spouse/domestic partner is the member's beneficiary, see the Dissolution of Marriage, Legal Separation, Annulment or termination of domestic partnership

**Dissolution of Marriage, Legal Separation, Annulment or Termination of domestic partnership-**

If the member elected:

**Unmodified Allowance and Option 1**

- This is not a qualifying event.

**Option 2, 2W, 3, 3W, or 4**

- Regardless of what option the member chose, a non-spouse beneficiary disclaimer is not a qualifying event for a modification of option. This simply means the non-spouse beneficiary relinquished their entitlement to CalPERS benefits.

If a member wishes to change their option and/or name a new beneficiary for lifetime option allowance, the member should request a PERS-PUB-98, which contains an Application to Modify Option and Life Option Beneficiary Form.

**Effective date for changing an option-**

If the member made an election to change their option within 12 months of the qualifying event, the effective date is the first of the month following CalPERS' receipt of their completed election document. Both the member and their new beneficiary must be alive on the effective date.

If the Member makes an election to modify their option more than 12 months after the qualifying event, the modification will not become effective until 12 months after the election is made. Both the member and their new beneficiary must be alive on the deferred election effective date.

If you become aware of the death of a retiree, please contact CalPERS with the name, birthdate, Social Security number, and date of death of the deceased, as well as the names, relationships, and addresses of the next of kin. A written or telephone communication detailing this information is acceptable for death notification provided an official of the agency gives it. **The form PERS-BSD-738 SHOULD NOT be submitted for a retired person's death.**

## INFORMATION FOR FAMILY OF DECEASED

When a CalPERS retiree dies, there are several important steps a spouse or family member can take to help assure prompt payment of any benefits payable by CalPERS.

The first step is to notify CalPERS, Benefit Services' Telephone Information Center, by telephone at (888) CalPERS (225-7377) or by letter at P.O. Box 1652, Sacramento, CA, 95812-1652. We will need the following information:

1. Name and Social Security number of deceased retiree.
2. The date of death.
3. Name, address, and telephone number of person providing notice of death.
4. Name, address, and telephone number of surviving spouse/domestic partner, other next of kin, or the person whom will be settling the estate.
5. If applicable, Social Security number of surviving spouse.
6. Date of birth of surviving spouse/domestic partner.
7. Date of marriage/registration of domestic partnership.
8. Whether or not surviving spouse/domestic partner is able to handle his/her own financial affairs.

The second step is to accumulate documentation. The System will ask for:

1. A photocopy of the certified death certificate with the member's Social Security Number written in the top right corner.

2. The name, address and phone number of the person handling the estate if the member's estate requires probate. Letters of administration must be submitted by the executor of the estate before benefits can be paid to the estate.
3. Other documents which are not included in the member file such as photocopies of marriage certificates, domestic partnership registration or birth certificates with Social Security Number.

The third step is completing the "Application for Retired Member/Payee Survivor Benefits" form that is sent by CalPERS. This form is used to determine whether any event has occurred to invalidate the beneficiary designation or to identify persons who might be beneficiaries by law. It is a formal application to receive payment of death or survivor benefits determined payable by CalPERS. The person completing this form is certifying that he/she is the person identified therein. This form should be completed in full and returned to CalPERS with the copies of the other documentation, (death certificate, marriage certificate, newspaper clipping, etc.) as quickly as possible. Enclosed with the "Application for Retired Member/Payee Survivor Benefits" form will be a "Tax Withholding Election for Survivor Benefits" form so an election may be made for Federal and State Tax withholding.

## HEALTH INSURANCE

If the beneficiary or survivor is entitled to a **monthly benefit** and continued coverage under the Public Employees' Medical and Hospital Care Act, as administered by CalPERS, the coverage will be continued automatically. A "Health Benefits Plan Enrollment Form" (HBD-12) is completed by CalPERS and a copy will be sent to the beneficiary or survivor.

## WARRANTS ISSUED AFTER RETIREE'S DEATH

All checks or retirement warrants issued (dated) after the retiree's death should be promptly returned to the System.\* If warrants have been mailed to a bank for direct deposit to the retiree's account, CalPERS will contact the bank directly regarding a check for the full amount of warrants issued after the retiree's death should be sent to the System. Any allowance accrued but unpaid prior to the retiree's death will be paid to the eligible beneficiary.

**COMPLETING THE TAX WITHHOLDING ELECTION**

Federal and State income tax will be withheld at the rate for a married person claiming three exemptions, unless you elect no withholding, elect a flat amount withheld, or elect a different marital status or number of exemptions. The benefit is treated as payroll wages. If no election is submitted and the rate of married with three exemptions is used, no federal tax will be withheld if the gross benefit is less than \$1,262.51. For State withholding, no taxes will be withheld if the benefit is less than \$1,861.40. (Amounts are based on 2001 tax tables.)

**STATEMENT OF BENEFITS PAID AND WITHHOLDING:**

In January of the year following payment, CalPERS provides each beneficiary with a statement showing the gross amount paid for benefits received and the amount of income tax withheld, if any. Most payments made by CalPERS are reported to the IRS and Franchise Tax Board. Questions about the taxability of CalPERS benefits should be directed to the IRS, the California Franchise Tax Board, or your tax advisor.

**TAXPAYER IDENTIFICATION NUMBER:**

Section 6109 of the IRS Code requires recipients of reportable payments to furnish Taxpayer Identification Numbers (TINs). Your Social Security number (or Employer ID number, if a trust or organization) must be furnished to CalPERS, even if you are not required to file a tax return.

### MEMBER REFUNDS

Upon receipt of notice of an employee's permanent separation from CalPERS covered employment (either on AESD-1 form, or through on-line notification via the ACES system), a letter of instruction, including election forms, will be sent directly to the member.

- Should the member prefer to leave their funds in CalPERS, they need not respond. Their contributions will continue to earn interest at the current rate. And, if the member has at least five years of service credit, he or she can apply for a retirement allowance at age 50 or older.
- Should the member prefer a refund of contributions, the member will need to return

the election form directly to the Refunds Section of CalPERS. Since the election information will be sent directly to the member's home address, it is important that CalPERS has the person's most recent address (whether submitted on the AESD-1 form or through the ACES system).

A member refund will not be issued until a valid Member Action Request (AESD-1) form or ACES transaction separating the employee from employment has been received by CalPERS.

NOTE: Due to the passage of AB 813, effective January 1, 2000, a member who is on an extended leave without pay or on a military leave MAY NO LONGER receive a refund of their CalPERS retirement contributions. These types of refunds are considered "in service distributions" which are not allowed by the Internal Revenue Service.